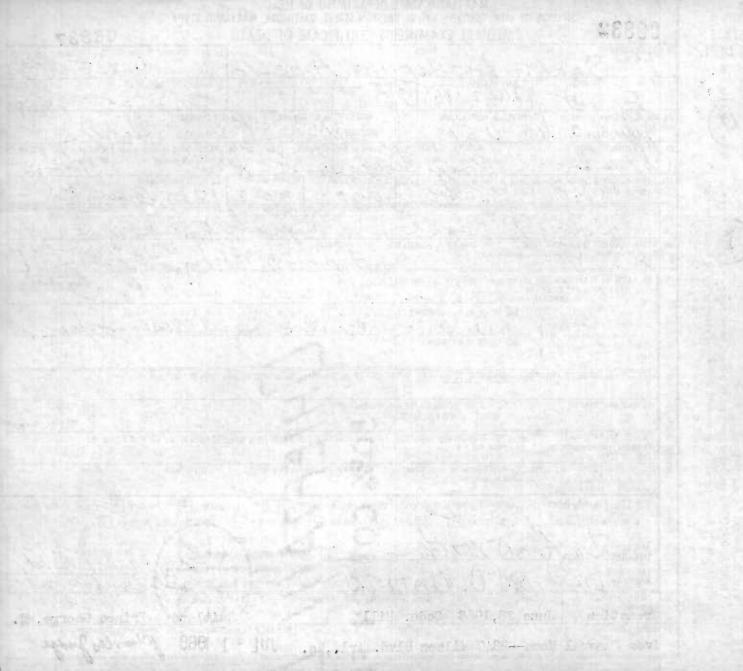
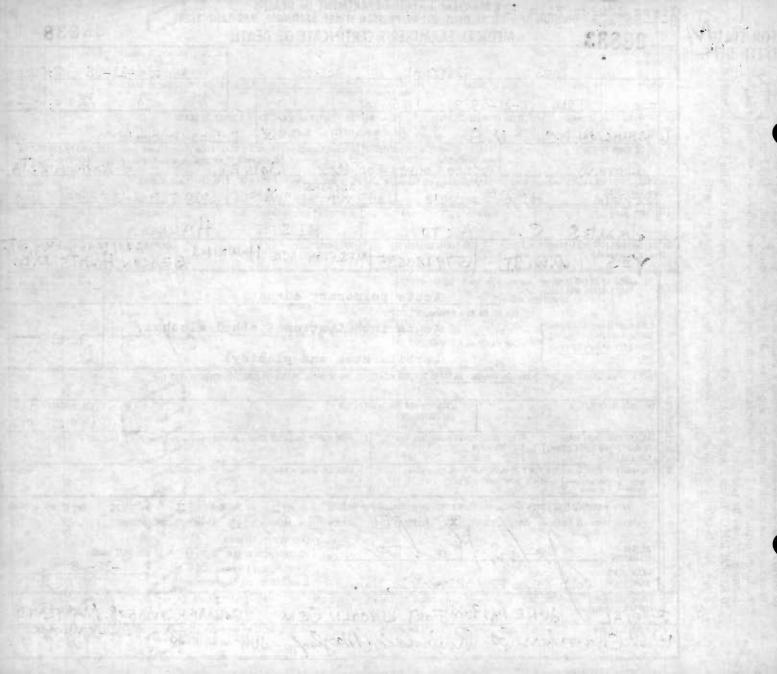
	- 1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR STATE	_	THE PARTY OF THE P
HEALTH DEPT.		ECEASED-NAME First Middle Last 20. DATE KNOWN Month Doy Year 2b. HOUR OF ESTI-
oy is 3 to Poge ent of	,	TYPE OF PRINT DARAIT RATHERINE A BOLL DEATH MATED Devel 25 168 000 M
Pog ent	3. SI	
M3. I		F W aug 2 1886 82 YRS. MONTHS DAYS HOURS MIN. MOTTH DOY 2 5 YEOT 196 85 05 DM
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	10.	TY OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 120. KIND, OF) BUSINESS OR
the the	(here give street address) flerees the fluring most atworking life, even if retired.) INDUSTREE
	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c ATY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
S 0 0 P/6	00	dmission) STATE Md 13b. COUNTY TO FORD YES TNO 1755 Brown Rd
hours Item 1 Offlice Offer of	14. F	ATHER'S NAME First Middle Lost CIS. MOTHER'S MAIDEN NAME First Middle Lost
		Dermand Payne Jorn Lather Plane
	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 DECEASED EVER IN U.S. ARMED FORCES? 16 DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS & Brewn St.
within n pencil Examina File page	1.	es, po or unknown) (If yes give war or dates of service) Francis on Moody gut Rover and
		18. CAUSE OF DEATH (Enter only one cause per ling-fox (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d be executed d'pending" in Chief Medical E transit permit. F		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pulmonous Le dema / Lour
be exc pend iief Me insit po	34	DUE TO, OR AS A CONSEQUENCE OF
be "p		Conditions, if any, which gove his to immediate couse (a), (b) Assert deserving the state of the course (a),
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	CATI	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?
be be	CERTIFICATION	YES NO P
维力		21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.)
certif certif nould les. should tion,	MEDICAL	CAUSE OF DEATH P.M. 19
(AMINER: te the cert le 4 should your files. oge 3 shou cremation,	W	21d. INJURY OCCURRED WHILE NOT WHILE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City at Tawn County Stote
EXAMINER: tute the cert oge 4 should oge 4 should your files. Poge 3 should remation,	N.	AT WORK AT WORK
ICAL E tor. Po ed for CTOR: burial,		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my apinion
		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
leos dire dire tro	Õ.	CHIEF MEDICAL EXAMINER
TY ple y, ple red d be ref AL D prior		SIGNATURE DATE SIGNED CONTROL SIGNATURE DATE SIGNED CONTROL 22b. DATE SIGNED CONTROL 22b. DATE SIGNED CONTROL SIGNATURE
DEPUTY, resssory, e funera moy be FUNERA!		EXAMINER'S DEPUTY MEDICAL EXAMINER & 531 8 anno poles by
necessory, pleose the funeral direct S may be retain TO FUNERAL DIRECT Health prior to		NAME (Type) 24700 (URTEIN) 3 ADDRESS(Street, city, town, or county Bladenskurg 2nd
5 - 4 - 0 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4		BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
		REMOVAL (Specify) Cremation June 28,1968 Ceder Hill Suitland Prince George, Md.
VR A15ME [5]		FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
10M REV. 1/68		Ives Funeral Home -2847 Wilson Blvd. Arl. Va. DATEJUL - 1 1968 Charles Judge

MARTLAND STATE DEPARTMENT OF HEALTH



2/ 100	It 5-	18&222 Film 403 MARTLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08838
HEALTH DEPT.		vpe or Print) OF FSTI.	Day Yeor 2b. HOUR
Pose to		Paul Clifford Acton DEATH MATED \$\overline{\ov	-68 192: DOam M
	3. 5	lost pitholy) MONTHS DAYS HOURS MIN. Month Day	Year 2d. HOUR
× 4	_	Tale White 4-10-1922 46 YRS. 6 11 SHITHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	6819 5: 12amM
es 1, 2 form te Depo		KSHINCTON D.C U.S WIDOWED DIVORCED X Prince George's	MA
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Give Pages and with far the State th.	-	Cheverly Prince George Hospital Join ER.	NOUSTRY AIR STA
s after 18. Give along with the death.	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER	
rrs a 18. ce al 12 wi		Inission) TATE Prince George's Landover YES NO 6719 Fairwood	
thours after death ltem 18. Give Pag Office along with 1 and 2 with the Sta ofter death.	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
hin 24 ncil in I niner's pages 1 haurs	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? LIAM SOCIAL SECURITY NO. 17 INFORMANT	MACI ERY ST
		es no cunknown) (If yes give wer or detect france) 579 183635 MRS, FLORENCE HAWKINS BEACON F	
d with period of the period of		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in iief Medical E unsit permit. F event within		PART L DEATH WAS CAUSED BY: Acute pulmonary edema Acute pulmonary edema	SETTLEM ONSET AND SERVICE
exe endi Me it pe		DUE TO, OR AS A CONSEQUENCE OF	
l be d "pe Chief ransil		Conditions, if ony, which gave rise to immediate cause (a). (b) Acute intoxication - ethyl alcohol,	hrs.
ertificate shauld be e writing the ward "per rwarded ta the Chief I sed as a burial-transit iaval, and in any ever	25	stoting the underlying couse barbiturates and placidyl	HI.O.
the the data		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
ficat ing ded as a l, ar	_	3220	
is certificate to, writing the farwarded to be used as a kremaval, and	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
	RTIFIC	WAS PERFORMED?	YES NO
NER: Thi certificat hauld be ites. shauld be trian, ar ritian, ar r		210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY TO R CONTRIBUTING THOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Iter	m 18.)
NER shau shau files. sha atiar	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
ical examiner: The execute the certificator. Page 4 shaufd be of for your files. CTOR: Page 3 shauld the burial, crematian, ar		WHILE NOT WHILE OF TOCTORY, Office building, etc.) AT WORK AT WORK	31010
L EX cecuto Page for y R: Po		220. 1 certify that I took charge of the remains described obove, held on Autopsy , Inspection , Inquiry	ond in my opinion
SICAL EXAMINEDS EXECUTE 14 director. Page 4 estained for your DIRECTOR: Page In to burial, cremined to the province of the pro		deoth resulted from: Notural couses (Accident), Suicide), Homicide (Undetermined monner)	
please edirectar directar retained DIRECT		CHIEF MEDICAL EXAMINER	
AI AI		SIGNATURE	IGNED 12–68
DEPUTY ecessary, p he funeral may be re funeRAL ealth pria		EXAMINER'S	12-00
TO DEPUTY necessary, the funeral 5 may be TO FUNERAL Health pri	230	BURIAL CREMATION, 1 23b. DATE 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Coupty) (State)
	J	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) CEMOVAL (Specify) JUNE 14,1968 FORT LINCOLN CEM COLMAR MANOR	MARYLAND
O	24.	FINERAL DIRECTOR 2 SADDESS OF 1250 REC'D BY REGISTRAR 255 REGISTRARS S	
VR A15ME (5)	N	1. W. Chambers Co. Kwerdale, Maryling DATE JUN 14 1968 f	0



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE KNOWN Month (Type or Print) 2, and 3 to PM3. Page ALPHA OMEGA ADAMS 0 DEATH MATED lond 2 with the Stote Deportment 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH Male White Jan 14-1918 7o. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED 9. COUNTY OF DEATH Office along with form USA WIDOWED [DIVORCED Prince Georges in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Ret"d US Army INDUSTRY Cheverly deoth. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 135 clify OR IQWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 7403-Lurey ofter 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Lottie Adams James Halbert Examiner's hours pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) Margarethe S. Adams 7403-Lurey Pl within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Infarcts BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Multiple old & new THE HEART Of the Heart v nu es event DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Coronary Thrombosis years rise to immediate cause (a), certificote should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 4 should be forwarded to the Arteriosclerosis Coronary .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE [220. I certify that I took charge of the remains described obave, held an Autopsy Inspection Inquiry ond in my opinion Suicide , Natural causes Accident deoth resulted fram: Hamicide | Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED the funeral DEPUTY MEDICAL EXAMINER 5 moy TO FUNE Heolth **EXAMINER'S** S ADDRESS(Street, city, town, or county) NAME (Type) BURIAL CREMATION 23c. NAME DF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) July 5-1968 Arlington Nat'l Arlington, Virgina 2So. REC'D BY REGISTRAR VR A15ME (5) Bros-1661-Good Hope Rd 10M REV, 1/68

MAKTLANU STATE DEPAKTMENT OF HEALTH

CHE MANAGER CONTRACTOR OF MANAGEMENT OF A STATE OF A ST per traffic and the second of the second of the second of the Suntain Seas Colt to Refuget the Ellis of Herman The second secon

1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	It	em#23a FilmGlo3 & MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8840
HEALTH DEPT.		ECEASED-NAME First Middle Last 2a. DATE KNOWN Month D	ay Year 2b. HOUR
is de of	1	Type or Print) Nartha Alston OF ESTI- DEATH MATED DE	8 1912:17pm
± 0 3 ±	3. 5	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
0 ≥ ±//		Female Negro 6-10-1892 75 YRS. MONTHS DAYS HOURS MIN Month Day	9egr 68 19 12: 20 mm
any P.		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
L self self	COU	" Y'C U.S. F WIDOWED Prince George's	Mo
50X 5	10.	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12	b. KIND OF BUSINESS OR DUSTRY
the day		Cheverly Prince George Hospital Compatic	DIVATE FAU
s after 18. Give olong with th death.		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. MISIDE CITY BIMILES? 13e. STREET AND NUMBER	
v - v ~			
et et et	14.	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
2 5 5	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
within 24 pencil in xominer xominer ille pages 72 hours		(es, na, ar unknawn) (If yes give wor or dates of service)	3 E
	-	10 CALLET OF DEATH (FAX THE SECOND SE	APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: Use of the content of t	BETWEEN ONSET AND DEATH
Med Med per per		Heart failure 4/2 O DUE TO, OR AS A CONSEQUENCE OF Hypertensive cardio vascular disease	minutes
d be executed "pending" i Chief Medical tronsit permit.		Canditians, if any, which gave	Over I yr.
word the Ch		rise ta immediate cause (a). (b)	
5 5 = := =		lost. (c)	
ertificate sho writing the w warded to th sed as a buric aval, and in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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nis certificate slate, writing the standard to be used as a bure remaval, and is	CERTIFICATION	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
t to a	RTIF		YES NO NO
1 ji p		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 121b. TIME OF INJURY Month, Day, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	18.)
- C-V+	MEDICAL	CAUSE OF DEATH P.M. 19	
	2	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, foctory, office building, etc.) AT WORK AT WORK	County State
EXA cute age age yo Page			
DEPUTY DICAL EXAN cessory, please execute the funeral director. Dage 4 may be retained for your FUNERAL DIRECTOR: Page raith prior to buriol, cren		22a. I certify that I took charge of the remoins described obove, held an Autopsy, Inspection 区, Inquiry 区,	and in my apinian
director director etained DIRECT		death resulted from Natural causes 🔯 , Ascident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗌	
JTY, plectory, plectory, plectory, plectory, plectory, plectory, prior to p		ACTUAL SIGNATURE ACTUAL	INFD
UTY, Dry, De be Pri		SIGNATURE APPLICAL EXAMINED THE CALL THE COLUMN APPLICAL EXAMINED THE CALL	
O DEPUTY necessory, property of the funeral S may be r O FUNERAL Health price		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
the Hee	230	BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	ounty) (State)
16.73		Buried 6-11-68 Concord Bapt. Chunch Henderson n	1. E.
	24.	FUNERAL DIRECTOR ADDRESS 2SO. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIG	
VR A15ME (5) 10M REV. 1/68	H	5. Washington 45ons 4925 Denne Ave NE DATE JUN 25 1968 fclion	res judge

TANK BO PERMINANTAN DIKANGAN MEMBERANTAN DIKANGAN ATAU KANCAN ATAU AND THE PROPERTY SEED TO SHARE THE PROPERTY OF THE PARTY OF THE PARTY

764	1	08830 DIVISION OF		W. PRESTON STREET, BAL	HEALTH TIMORE, MARYLAND 21201	
		Item #17.FilmG402 7/11	400	TIFICATE OF DEATH		08841
E/NATE	1. D	ECEASED-NAME First	Middle	Last	2a. DATE OF DEATH Manth Days	Year 2b. HOUR
death.	3. 51	Inomson	G.	Arnold Is, Date of Birth	June Day 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
24 hours after ed in by the fapers. Pages 772 haurs after					last_birthday)	MONTHS DAYS HOURS MIN
by Pours	7a.	Male Whit BIRTHPLACE (State or foreign 7b. CITIZEN OF V	The state of the s	12 Jan 18 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
24 h 24 h 372 l	100	Pennsylvania US.	A. W	DOWED DIVORCED	Prince Georges JAL OCCUPATION (Kind of work done	Md.
executed within 24 did campletely filled amove carban pape any event, within 77		give	e street address)	dwsing a	nast of working life even if refired.)	12b. KIND OF BUSINESS OR INDUSTRY Goverment
ed w	13a.	Cheverly USUAL RESIDENCE (Where deceased lived, if institutions) STATE 13b. COUNTY	utian: Residence befare 13c	CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	
ecute camp love c		Maryland 13b. (OUNIT	Pr. Geo.	vattsville	5308 41st	
be ex	14. 1	George B.	Arnold	15. MOTHER'S MAIDEN NAME	first Middle ertrude M.	Gross
ate b ician lease and	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address	Gross
physical phy		es nor unknawn) (If yes give war or dates of service)	218 34 5862	Mrs. Ruth G.	Arnold Hyattsvi	ille, Md.
ne death certife of the permit. Then postmin ar remaval,		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:		41		BETWEEN ONSET AND DEATH
dea ttenc srmit n, ar		IMMEDIATE CAUSE (a)	ACUTE COFORE	ry thrombosis, 1	right	
t the other or the		Canditians, if any, which gave)		otic Heart Disea	ase	
thai an. by trans		storing the underlying coose	AS A CONSEQUENCE OF			
uires hysici gned rrial-		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIB		leart Failure	CONDITION GIVEN IN PART 1(a)	
req ng pl en si ne bu ta bu	z	4201 Dedeet	1. Olet	7.		
law rendii s bee as th	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR W	HICH OPERATION WAS PERFOR		2Db. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The art at a the constant of t	ERTIF	21a. ACCIDENT WAS UNDERLYING 21b. TIME	OE INITIPY	YES WO [er nature of injury in Part 1 or Part 2, I	tom 18)
CIAN ital c ifficat I for of Hee	MEDICAL (or contributing cause of Death (If either, natify medical examiner)	. Manth Day Year	ZIC HOW INSURT OCCURRED (EIII	er nature of injury in rail 1 of rail 2, 1	iem re.,
PHYSICIAN: The law requires that the death certi he hospital ar attending physician. his certificate has been signed by the attending phetached for use as the burial-transit permit. Then Dept. of Health priar ta burial, crematian, ar remave	MEL	21d. INJURY OCCURRED 21e. PLACE OF INJURY While Not while		21f. LOCATION Street ar R.F.D. N	a. City or Tawn	County State
the detection		at work at work		10	1 y to (2 2 2 10	(a that (I) (way last
NDIN ed by Afte d be		22a. I certify that (I) (this hospital) at saw the deceased alive an causes stated abave, (I) (we) (did	19 6	and that in (my) (aur) ar	pinian death accurred an the da	te and havr and from the
ATTE taine t		causes stated above, (I) (we) (did	(did-not) view the bad		22c. 1	DATE SIGNED
OR De re DIREC		Cellet 1	(1)		MED. DIRECTOR PHYS. 0	V368
May RAL (22d. PHYSICIAN'S NAME (Type) Aaron Deitz	M D	22e. ADDRESS Hyatts vill	e. Md	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fol director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages should be filled with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after	230		23c. NAME OF CEMI	TERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	E	BURIAL (CREMATION, 23b., DATE 6/25/68	Ft. Lin	coln	Colmar Manor	P.G. Md.
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR Francis Gasch's Sons	ADDRESS Hvattsville	Md. 250. REC'D	BY REGISTRAR 25b. REGISTRAR'S	SIGNATUR Judge
50m net. 1700				DAIL JU	11 2	4

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FOR STATE HEALTH DEP S 0 delay 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Department Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death. necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form This certificate should be executed within 24 hours ofter death DICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21:

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	3. SE	x M	4. RACE	5. DATE OF BIF	1912	6. AGE (In years last birthday) 55 YE	MONTHS	DAYS	IF UNDER :	24 HRS. MIN.		RONOUNCE	DEAD Doy	Yeo		2d. HOUR
	count	ub	a	7b. CITIZEN OF WH	z	WI	ARRIED DOWED	DIVO	RCED			ce Ge	orge	Line	D OS DUS	M
4			everly	give	AME OF HOSPITAL	Prince	Georg	е Но	S D •	mastof	warking l	ife, even if 24 TAND NUM	retired.)	INDUSTR	D OF BUSI	NESS OK
3	ac	lmissian) STATE	CE (Where deceas	13b. COUNTY	Alexand:	ria Al	exand	ria	YES 🕞 N	10 🗌	43	03 H	ende	rson	Rd.	
3			nzo Asto	0		Lost			DEN NAME R	First ita	M. /	Nujica	ddle Z		Lost	
		es, na, ar unknov	VER IN U.S. ARMED F vn) (If yes give	ORCES? war or dates of service)	16b. SOCIAL SECU	JRITY NO.	17. INFORM Mau		Asto.	rga		ADDRE	55			
		PART I. [Canditians, if a rise to immed	F DEATH (Enter and DEATH WAS CAUSED IMMEDIA any, which gave diate couse (o), anderlying couse	DUE TO, OR	AS A CONSEQUE	Hea	ert fa			hear	rt di	sease			PPROXIMATE WEEN ONSET	in.
	N	PART 2. OTHER 1+200	SIGNIFICANT COND	TIONS CONTRIBUT	ING TO DEATH BU	JT NOT RELATE	D TO THE TE	RMINAL DI	ISEASE OR C	ONDITIO	N GIVEN IN	PART 1(a)				
X	CERTIFICATION	19a. DATE OF C	PERATION		19b. CONDITION WAS PERFO		PERATION							20	YES	NO 🔲
	MEDICAL CER	CAUSE OF DEAT 21d. INJURY OC	OR CONTRIBUTING [I'H CURRED 21e, F	HOUR A.	M. At home, form, s	19	21c. HOW 1		138			in Port 1 o ar Tawn	r Port 2,	Item 1B.) Count	Y	Stote
1		death re	certify that I to esulted fram:	Natoral cau	ses 🔀, Ad	cidenty [],	Suicide	CHIE M.D. ASSI DEPI	Homicid F MEDICAL STANT MEDI UTY MEDICA	e, EXAMINE ICAL EXA IL EXAMII	MINER C	ermined	22b. DAT I		nd in my	/ opiniar
	23a. B	BURIAL, CREMA REMOVAL (Spec	TION, 23b.	nn Kehoe DATE 24/68	23c. NA	Rivero ME OF CEMETER Umbia G	RY OR CREM	ATORY	RESS(Street,		LOCATION	(City or Tov	vn) V.	(County)	ia (St	ote)

2So. REC'D BY REGISTRAR

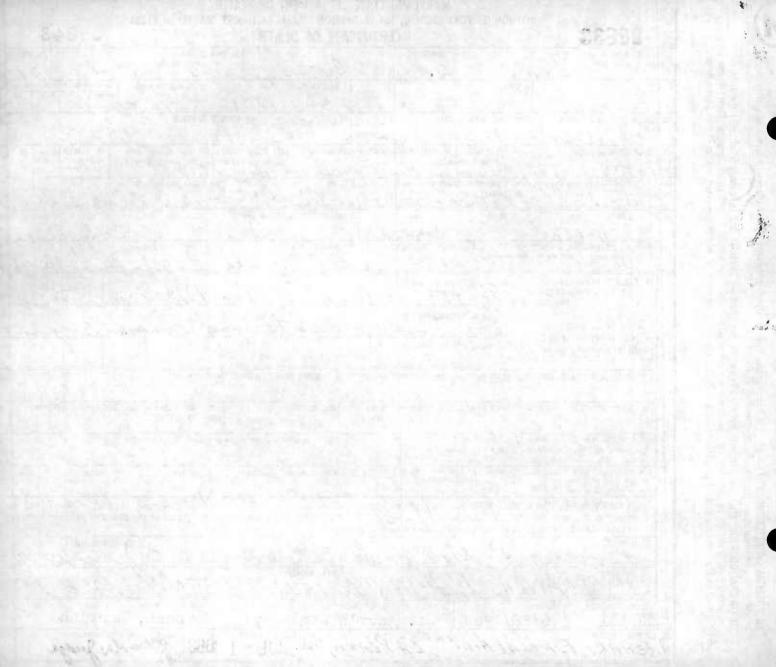
2Sb. REGISTRAR'S SIGNATURE

VR A15ME (5) 10M REV. 1/68 24. FUNERAL DIRECTOR

Murphy Frenezal Home, Arlington, Virginia

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(And)	1		DIVISION OF VITAL RECORDS,	201 W DECTON CIDELL DA		
(M)		08833		CERTIFICATE OF DEATH		08843
2 72	1. D	CEASED-NAME First	Middle	Last	2a. DATE OF OEATH	2b. HOUR
eatl and leatl	(ype ar print) Em	ma S.	Bail	6 Month 25 Da	Y 68'eor 12'5M
er d	3. SI		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER † YEAR IF UNDER 24 HRS.
affine the ges		Fomale	white	3-6-18	78 last birthday) YRS.	MONTHS DAYS HOURS MIN.
by the post	7a.	BIRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	1
in 24 haurs after death.	cau	MARYLAND	U.S.	WIDOWED DIVORCED	Prince 6	reoroe Md.
nin 24 filled pape pape	10. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	STITUTION (If not in haspital 12a, US	SUAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
	H	YATTO WILLE	give street address)	NOV 4922 LA Salle He	mast of working life, even if retired.)	INDUSTRY
11 #5510	13a.	USUAL RESIDENCE (Where decease	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CIT	Total Billian Fills Company	0
5 6 6	aam	ssian) STATE	13b. COUNTY	WAShingTon YES	NO 7119 DisT.	HOTS. PKWY.
and con remove in any ev	14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Last
be n ar		Charles	Johns	SON S	ARAh (ChappeLear
ician and	160	WAS DECEASED EVER IN U.S. ARM	nr or dates of service)	NO. 17. INFORMANT	Address	1 1 1 2
that the death certificate be executed an. by the attending physician and complete transit permit. Then please remove concremation, ar remayal, and in any event.		OS, III, O	NONE	Sr. Elyph	reth - 4920,	La Salle Kd.
ne death cer attending p permit. The		18. CAUSE OF DEATH (Enter ani	y ane cause per line far (a), (b), and (c).	1 2	11 10	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
eath endi		PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE OF LATERIA	selasalle	Heart Nelsea	so 5 uns
ne death attendi permit. ian, ar r		4129	DUE TO OR AS A CONSEQUENCE OF	1 1 +		
t the sit p		Canditians, if any, which gave rise ta immediate cause (a),	Denera	Used are	riosclerose	soyus.
tha an. by Iran cren		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	0		
quires that the physician. signed by the burial-transit burial, cremat		last.	(c)			
phy sign pur pur phur pur pur pur pur pur pur pur pur pur p	100	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(a)	
ding een the rrta	NO	4200	Collection For Allege of Collection Co.	DEADUST LOS AUTORSUS	Tool is use this submice.	CONCIDENCE IN CERTIFICIAL
e la ttena as b as pria	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
r at a se ho	ERT	21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	YES NO.	nter nature of injury in Part 1 or Part 2,	Itam 10)
IAN al cal ficat far He		DR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Manth Oay Year		ner nature at injury in ran 1 at ran 2,	nem 10.)
SSPIT	MEDICAL	(If either, natify medical examinated 11 of 11 of 12 of 12 of 12 of 12 of 12 of 13 of 14 o	PLACE OF INJURY (AT HOME, FARM, STREET, FAC		Na. City ar Tawn	Caunty State
OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute be retained by the haspital ar attending physician. JIRECTOR: After this certificate has been signed by the attending physician and complete 3 shauld be detached far use as the burial-transit permit. Then please remove and with the State Dept. at Health priar to burial, crematian, ar remayal, and in any every exercise.		While Mat while	OFFICE BUILDING, ETC.	ZII. LOCATION SHOOT OF KILD.		20011
NG the er the deer deer deer deer deer deer deer de		22a certify that (1) (thi	s hospital) attended the decease	ed from (Cell) 19	63. 10 June 2 19	As, that (I) (we) last
d b d b d b d b d b d b d b d b d b d b		saw the deceased al	ive an frue 19 1	962, and that in (my) (our) a	pinian death accurred on the d	ote ond hour ond from the
OR: OR: A th			, (I) (wextended) (did nat) view the	body after death.		
reter 3 st with	10	22b. SIGNATURE	D 1/2	ATTENDING TO	MED. STAFF 221.	DATE SIGNED
Dige be	1	22d. PHYSICIAN'S	o G. Harra	DEGREE PHYS. LL	DIRECTOR PHYS.	Mex 1968
RAL RAL be f		NAME (Type) TRA	NIS PHAI	VNAN / C/1-	175TA/W. 1	1/454, DC
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transcription of the principle of the state Dept. af Health principle burial, creating the principle of the	230	BURIAL, CREMATION, 23b. I	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
Pag dire	230			Mary's Cemeter		aryland
v	24.	FUNERAL DIRECTOR	ADDRESS ADDRESS		BY REGISTRAR 25b. REGISTRAR	-
VR A15 (4) 30M REV. 1/68	A	RCHART FUN	eral Home, LH	PLATA, IND DATEUL	- 1 1868 Jalian	les Judge

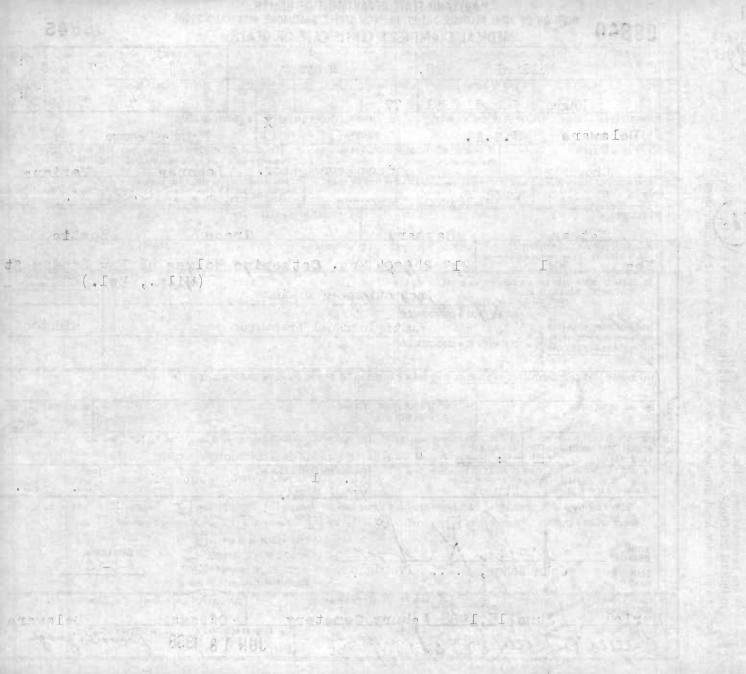


1		MAKT	LAND STATE DEPARTMENT (OF HEALTH	ADVIAND 01001		
ŀ	Items 7a b Fill Items #13a, b.	mGH 31 3e 1119 km 40	RDS, 301 W. PRESTON STREET, E	TH 088	RATEAND 21201	088	44
Ī		irst Middle	Lost	2o. DATE	OF DEATH		2b. HOUR
	(Type ar print)	Augusta M.	Bartley Bartley	Jun	e Month 2, Do	оу 1968 ог	1:30"
3	3. SEX	4. RACE	S. DATE OF BIRTH	3	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	Female	Caucasian	April D,	1890	IKJ		
	a. BIRTHPLACE (State or foreign country) North Garol	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY O	George's		Md.
1	O. CITY OR TOWN OF DEATH	nive street address)	duri	USUAL OCCUPATION	ON (Kind af wark done ng life, even if retired.)	12b. KIND OF E	BUSINESS OR
i	Cheverly 30 USUAL RESIDENCE (Where de	ceosed lived, if institution: Residence b	Gen'1 Hoppital	CITY LIMITS? 13e.	CTREET-AND NIIMRER	77.2	
c	dmission) SMirginia Marviand	Prince/Georges	s/ Fairfax Hyattsville	NO Me	STREET AND NUMBERS	ton Place	b/ Hóme
	14. FATHER'S NAME (Ist)	Middle	osh) IS. MOTHER'S MAIDEN NA	AMEL Figst	Middle	1/111/511	Last
ı	John	V Jon	dd	Leples		Het X	Grand
	16a, WAS DECEASED EVER IN U.S. Yes, na, ar unknawn) (If yes	ARMED FORCES? 16b. SOCIAL SEC	URITY NO. 17. INFORMANT	1)	3812 Nees	tan 01	
	103, 110, 01 0111110111	241-05	-4249 Marche F	belle.	Join Jones	7	•
	1B. CAUSE OF DEATH (Ente	r anly one cause per line for (a), (b), a	nd (c).)		Judat.	BETWEEN OF	IATÉ INTERVAL ISET AND DEATH
	IMN	NEDIATE CAUSE (o) Severe	stenosing coronary	arterios	clerosis.		
ŀ	4/2/	DUE TO, OR AS A CONSEQUEN					
ı	Conditions, if any, which go rise to immediate couse (o),((b) Left ve	ntricular hypertrop	hy with	myocardial	fibrosi	s.
ı	stating the underlying cau						
ı	DADT 2 OTHER SIGNIFICANT	(c) Early b	ronshcopneumonia b BUT NOT RELATED TO THE TERMINAL DISEASI	ilateral	/EN IN DADT 1/a1	1	
ı	11201						
l	19a. DATE OF OPERATION	General 19b. CONDITION FOR WHICH OPERATION V	ized arterioscleros vas Performed 200. AUTOPSY?			CONSIDERED IN CE	RTIFYING
ı	19a. DATE OF OPERATION			IO CAUS	ES OF DEATH?		
	210. ACCIDENT WAS UNDER	LYING 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	(Enter noture of in	iury in Part 1 ar Port 2	, Item 18.)	
	OR CONTRIBUTING CAUSE OF		Year 19				
			REET, FACTORY.) 21f. LOCATION Street at R.F.	D. Na. Ci	ty ar Town	County	State
l	While Nat while at work	OFFICE BUILDING, E					
l	22a. I certify that (I)	(this haspite) attended the de	ceased from Agrael (my)	196E, to	en Lual, 1	96F , that	(I) (3636) last
ı	saw the decease	d olive on fine and	19 6 f, and that in (my) x000	opinian death	occurred on the d	late ond hour o	ind fram the
	22b. SIGNATURE	ove, (I) (did)	The bady offer death.		220	DATE SIGNED	
	220. SIGNATURE	horne	A D DEGREE PHYS.	MED.	CTACC	June 2, 1	968
l	22d. PHYSICIAN'S	Je jui	22e. ADDRESS	DIRECTOR —	- 1113. —		
	NAME (Type)	Bergemann, M. D.	Prof.Blo	ig. Gree	nbelt, Mar	vland 20	770
1	23g BURIAL, CREMATION 2	A	ME OF CEMETERY OF CREMATORY		PION (City ar Tawn)	(County)	(State)
-	REMOVAL (Specify)	June 6-1968 Mocis	Jain Viero	Lo	wgap-	71.6	3.
•	24 FUNERAL DIRECTOR	AD AD		C'D BY REGISTRAR		'S SIGNATURE	day.
	HIRLIGH SU	alles 254 Lan	DATE DATE	JUN 5	1968 year	and y	0

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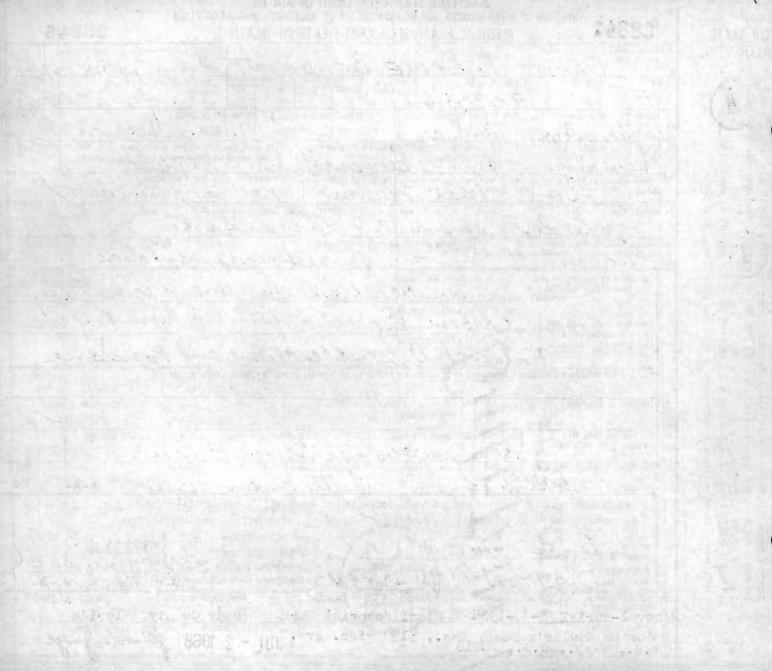
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05845 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2g. DATE KNOWNER Month Day (Type or Print) ESTI-Willard G. B aynard 19 0 DEATH MATED [the State Deportment 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 5 April 1891 Negro 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Delaware U.S.A. WIDOWFD [DIVORCED [Prince George 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR olang with 12a, USUAL OCCUPATION (Kind of work done give street address) during most of working life, even if retired.) Prince George Hosp. Cheverly Laborer Various 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY admission) STATE YES NO 604 East Joppa Rd. Raltimore Towson 24 hours Item 1 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Last Bostte Nathan hours Baynard Grace = within pencil 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 4 should be forwarded to the Chief Medicol Examine (Yes, na, ar unknawn) (If yes give wor or dates of service) 217 2/620/ Mrs. Catherine Holmes 16 New London St File (Wilm., Del BEWEEN ONSET AND GEATH be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Lacerations of brain IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF buriol-transit Multiple skull fractures Minutes Canditions, if any, which gave rise to immediate cause (a), certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 00 removal, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, YES 🗍 NO DO pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY TOR CONTRIBUTING HOUR A.M. cremotian, 9:40 M. Dm 6 7 19 68 Pedestrian struck by car CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street of R.F.B. No. eet County State factory, affice building, etc.) moy be retained for your FUNERAL DIRECTOR: Poge AT WORK AT WORK P.G. Md. Street Wilhorn Rd 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 🛣 Inquiry [30], and in my apinian Natural couses . Accident . Suicide . Hamicide death resulted from: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6-8-68 DEPUTY MEDICAL FXAMINER X **EXAMINER'S** 5 moy ro FUNE Heolth ADDRESS(Street, city, town, ar county) NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Asbury Cemetery Buria. Odessa Delaware 1968 KLIGHTURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 10M REV, 1/68

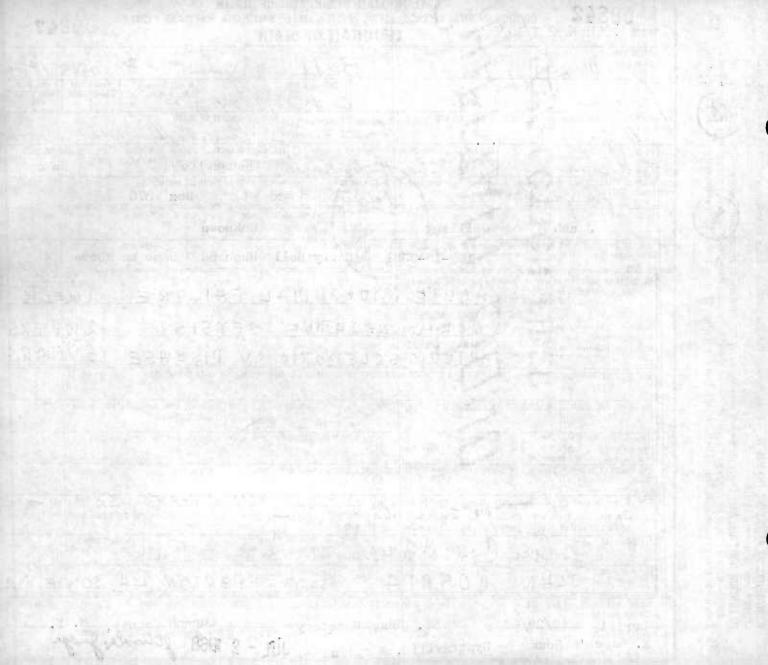


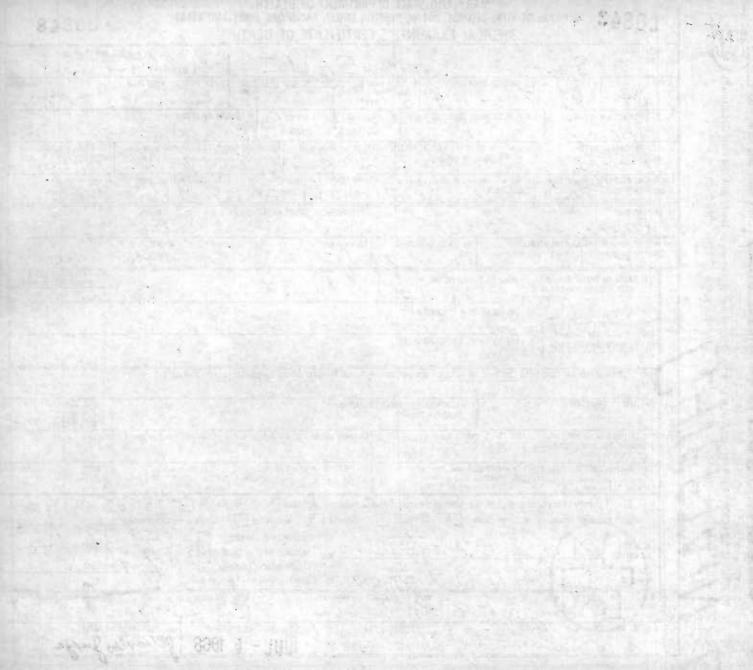
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 38846 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. First Middle 1. DECEASED-NAME 20. DATE KNOWN A Month 2b. HOUR (Type or Print) Page DEATH MATED AGE (In years IF LINDER 24 HRS. 4. RACE 2c. DATE PRONOUNCED DEAD 3 SEX 196: OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign DIVORCED [WIDOWED [Office along with for the Stat 11. NAME OF HOSPITAL OR INSCITUTION (If not in hospital 120. USUAL OCCUPATIONS/Kind of work done 12b. KIND OF BUSINESS OR CITY OR TOWN OF DEATH give street oddress during prost of working life; even if retired) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CIFF OR TOWN death. odmission) STATE 13b. COUNTY denouse A I and 2 after Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME haurs pages xominer 16b. SOCIAL SECURITY NO 17. INFORMANT (Yes, no. or unknown) (If was give war or dates of service) APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) be executed BETWEEN ONSET AND DEATH ecute the certificate, writing the ward "pending". Page 4 shauld be farwarded to the Chief Medical permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a) certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 OS remaval 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld PRIMARY TO OR CONTRIBUTING HOUR A.M. crematian, 21e. PLACE OF INJURY (At home, form, street, LOCATION Street or R. City or Town County Stote factory, office building, etc.) DIRECTOR: Page NOT WHILE Md AT WORK A . A . 22a. I certify that I taak charge of the remains described above, held an Autapsy Inquiry 2 Inspection 7 and in my apinion director. deoth resulted from: Noturol couses . Accident . Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL FUNERAL the funeral SIGNATURE **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) 0 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 6-30-1968 Miami Memorial Park Removal-Burial Dade County. Florida Joseph Gawler's Sons. Inc., 5130 N.W., Wash., D.C., 20016 25o. REC'D BY REGISTRAR Wisc. VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



	T	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BA tem#8, FilmG402 7/10/68km CFRTIFICATE OF DEATH	LTIMORE, MARYLAND 21201	J8847
eath.	1. DI	ECEASED-NAME First Middle Lost	20. DATE OF DEATH Month 25 Doy	2b. Hour
ا المحادث	3. SE	Marguerite Rell	6. AGE (In years lost birthday)	YBOT 8 / M . FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
hours Hours	70/1	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NITY) 10 WIDOWED 1 DIVORCED	9. COUNTY OF DEATH	ea Md.
vithin 24 sly filled son pape	10. 0	CITY OR, TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 120. U	SUAL OCCUPATION (Kind of work done ment of working life even if refired.)	12b. KIND OF BUSINESS OR INDUSTRY HOME
oe executed within 2 and ceptetely fille reprove tarbon pa in any event, within		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN	TY LIMITS? 13e. STREET AND NUMBER NO Box 875	
in and	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAM Jacob Shilling	E First Middle Unknown	lost
rificote hysicior n pleas		(was DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give war or dates of service) (16b. SOCIAL SECURITY NO. 102–10–3381 (Harry Bell	Husband Same as	above
e deoth certificote ottending physicior permit. Then pleat on, or removal, on		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MOCARDIAL	FAILURE	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH I WEEK
ot the d the oth nsit perr mation,		Conditions, if ony, which gove rise to immediate couse (o), (b) CRHMM NECHTIVE	SEPSIS	2 WEEKS
equires that t physician. signed by the burial-transit			CV DISEASE	5 YEARS
v requing phymen signature of the purtopure to bur	N.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE C 422		
AN: The low rall of the contending of the contending from the contending for use of the Health prior to	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
ICIAN: bitol or rificote d for u	MEDICAL CE	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (E HOUR A.M. Month Doy Yeor P.M. 19	nter noture of injury in Port 1 or Port 2, Ite	m 18.)
S PHYSIC the hospit this certi detached e Dept. of	ME	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. at work of work	No. City or Town	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cepaletely filled or by the director, page 3 should be detached for use as the burial-transit permit. Then please reprove tarbon papers. Pages I should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7 thours after the continuous conti		22a. I certify that (I) (this hospital) attended the deceased from 15 causes stated above, (I) (we) (did) (did not) view the body ofter death.	opinian death accurred an the dote	and hour ond from the
L OR AT be reto DIRECTO		22b. SIGNATURE John Cysusa M. P. DEGREE ATTENDING PHYS.	MED. STAFF 22c. DA	TE SIGNED
SPITAL 4 may NERAL for, po			UPERIOR LA.	BOWIE, MD.
Page To Ful direc shou		BURIAL, CREMATION, REMOVAL (Specify) BURIAL (Specify) 6/29/68 23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery ADDRESS ADDRESS	23d. LOCATION (City or Town) Queens County	(County) (Stote)
VR A15 (4) 30M REV. 1/68	24.	F. Gasch's Sons Hyattsville, Maryland DJUL	D BY REGISTRAR 255 PEGISTRAR 351	on white





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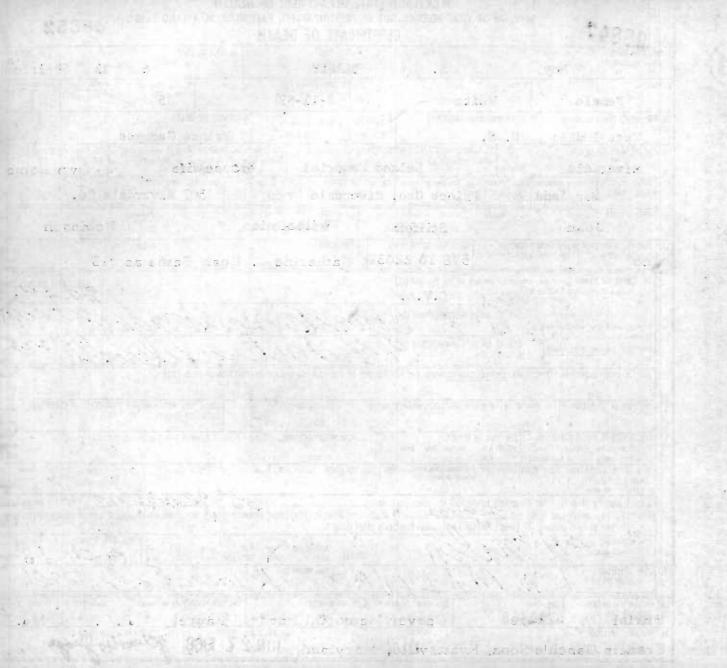
MAKILAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08850 08845 CERTIFICATE OF DEATH Last 2g. DATE OF DEATH 1. DECEASED-NAME Middle 2b. HOUR (Type or print) Benjamin Gerald A 6:00 N 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. and in ony event, within 72 hours after 3. SEX last birthday) MONTHS DAYS he HOURS 7/14/1904 Male Negro 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED T NEVER MARRIED the ottending physician ond completely filled in l sit permit. Then pleose remove corbon popers. United States Prince Georges WIDOWED | Louisiana DIVORCED [requires that the death certificate be executed within 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress Glenn during mast af working life, even if retired.) INDUSTRY Glenn Dale Dale Hospital Retired Unknown 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE D. C. 13b. COUNTY Washington 2001 Clifton St. N.W. NO YEST 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle last Smithe Herbert Benjamin Johanna 16b. SOCIAL SECURITY NO. 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, of unknown) 577-38-5583 or removal, Decedent APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH Recurrent cerebrovascular accident PART I. DEATH WAS CAUSED BY: 1 day IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Right cerebrovascular accident with burial-tronsit p Conditions, if any, which gave ! (b) right cerebral infarction and left hemiplegia months rise to immediate cause (o). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes Generalized arteriosclerosis vears PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been the Chronic alcoholism for use os t Health prior 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES XX 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at work of wark 22a. I certify that (this hospital) ottended the deceased from 3/2// , 19.68 , to 6/9 , 19 68 , that (X) (we) lost saw the deceased alive on 6/9/ 19 68 , and that in (XX) (aur) opinion death occurred on the date and haur and from the causes stated abave XN (we) (did) XNXX) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** 6/9/68 DEGREE DIRECTOR PHYS. PHYS Glenn Dale Hospital, Glenn Dale, Maryland 22e. ADDRESS 22d. PHYSICIAN'S Moe Weiss, M.D. NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL/CREMATION, REMOVAL (Specify) 23b. DATE LOCATION (City or Town) (County) (Stote) 24. FUNERAL DIRECTOR **ADDRESS**

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 852 CERTIFICATE OF DEATH Last DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) Manth Amy S. BLASEY 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR executed within 24 haurs after Ad completely filled in by the femave carban papers. Pages any event, within 72 haurs aft last bighday) White 2-11-83 Female 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (duntry) West Indies U. S. WIDOWED FO DIVORCED [Prince Georges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) NDUSTRY Own Home give street address) Riverdale Leland Memorial 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE Maryland 13b. COUNTY Prince Geo. Riverdale 4507 Riverdale Rd. YES 😾 NO 🗆 1S. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Last Middle Wilhelmina John Stilfoxx Robinson 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT es no ar unknawn) 578 10 2203D burial, crematian, ar removal, Catherine E. Bush Same as #13 requires that the death signed by the attendii burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at wark , 1957), to Variace 23, 1968, that (1) 22a. I certify that (I) (this hospital) attended the deceosed from. saw the deceased alive an from 1962, and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR director, page should be filed PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) (County) (State) BUTTAL (Specify) 6/25/68 Carver Memorial Park Md Laurel 24 FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Francis Gasch's Sons Hyattsville, Maryland DALUN 27 1968 30M REV, 1/68



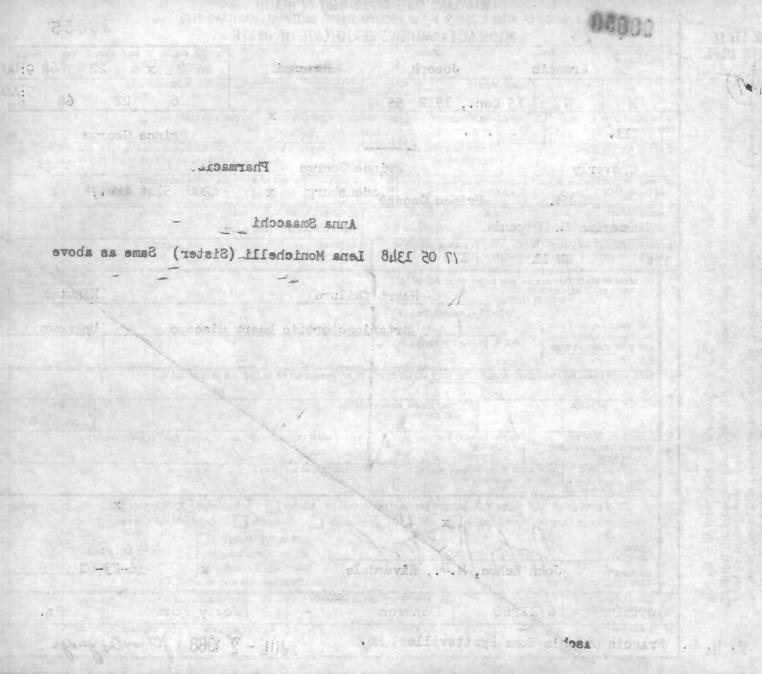
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	18. CAUSE OF	DEATH (Enter of	nly one couse	per line for	(o), (b), ond (c).)								BETW	PROXIMATE IN FEEN ONSET AN	ID DEATH
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1	ART 2. OTHER SI	IGNIFICANT CON	DITIONS CONT	RIBUTING TO	DEATH BUT NOT I	RELATED TO	THE TERMINAL DI	ISEASE OR CON	IDITION (GIVEN IN	PART 1(o)				
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W 2	ld. INJURY OCC	URRED 21e.	PLACE OF INJ octory, office b	URY (At hom	ne, form, street,	216	LOCATION Street of	or R.F.D. No.		City o	r Town		County		Stote
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		certify that I sulted fram:			noins describe		Suicide , CHIE	psy, Homicide F MEDICAL EXA STANT MEDICAL	, AMINER L EXAMII	VER _	manuf '	manner 22b. DATE	SIGNED	d in my	opinion
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230.	SIGNATURE		hn Keh	7	D., Riv	EMETERY (Le DEPU ADD	UTY MEDICAL E RESS(Street, cit	ty, town	or count	(City or To		(County)	(Stor	,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost DECEASED-NAME First 2o. DATE OF DEATH 2b. HOUR TuncMonth (Type or print) BROOKBANK ician and completely filled in by the fune a lease remave carban papers. Pages F and and in any event, within 72 hours after dea Q.M Mary 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS (853birthday) Oct. 3, 1884 White Female 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Maryland Prince George U. S. A. WIDOWED TX DIVORCED [12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife Own Home Give street oddress) Hyattsville 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the death certificate be executed odmission) STATE Prince George Hyattsville 6001 44th Avenue YES NO Md. 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost Wamhoff Catherine Frederick M. Haber 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT no, or unknown) Marie E. Parish Same as #13 O FUNERAL DIRECTOR: After this certificate has been signed by the attending physi director, page 3 shauld be detached far use as the burial-transit permit. Then pleaned be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, none APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND OFATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ; rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital or attending 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? NO 🗀 YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Town County While Not while at work 22a. I certify that (I) (this hespital) attended the deceased fram saw the deceased alive an least of the last and that in (my) (aur) apinian death accurred an the date and haur and fram the June, 1962 to causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR ATTENDING STAFF DEGREE PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 17 a 23b. DATE (County) 23o. BURIAL, CREMATION, Burial (Specify) Md. Colmar Manor 6/11/68 Ft. Lincoln 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Milanes 1968 Francis Gasch's Sons Hyattsville, Md. 30M REV.

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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08857 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR 6:50 (Type or print) Jack Month Year Burton 1968 June 4 RACE after 3. SEX S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS HOURS White 6-7-1917 Male YRS hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED SEPTEMBER S 9. COUNTY OF DEATH Alabama U.S.A. Prince Georges The law requires that the death certificate be executed within 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)

Glenn Dale Hospital 12a. USUAL OCCUPATION (Kind of work done attending physician and campletely filler sermit. Then please remave carbon pay far use as the burial-transit permit. Then please remave carbon pay Health prior ta burial, crematian, ar removal, and in any event, within 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY Unknown during mast af warking life, even if retired.) Glenn Dale (rural Unknown 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES ... NO Washington No fixed address 14. FATHER'S NAME Middle First Middle last IS. MOTHER'S MAIDEN NAME First Clarence Burton Mary Golson 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 422-16-7559 (Decedent) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH 2 mo. Respiratory failure IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave) signed by the burial-transit p Cor pulmonale rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (c) Pulmonary emphysema PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO X 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. directar, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at wark TENDING 22o. I certify that **) (this haspital) attended the deceased from 5/27/ , 19 65 , to 6/30/ , 19 68 , that (**) (we) last saw the deceased alive on 6/30/ 1968 , ond that in (***) (our) opinion death occurred on the date and hour and from the causes stated abave, (we) (did) (thick part) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS. June 30, 1968 DEGREE DIRECTOR PHYS. Glenn Dale Hospital 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. Glenn Dale, Maryland 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (State) CEMETERY 30M REV, 1/68

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This certificate should be executed

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the funeral director. Page 4 should be forworded to the Chief Medical

necessary, please execute the certificate, writing the ward IFAL EXAMINER:

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

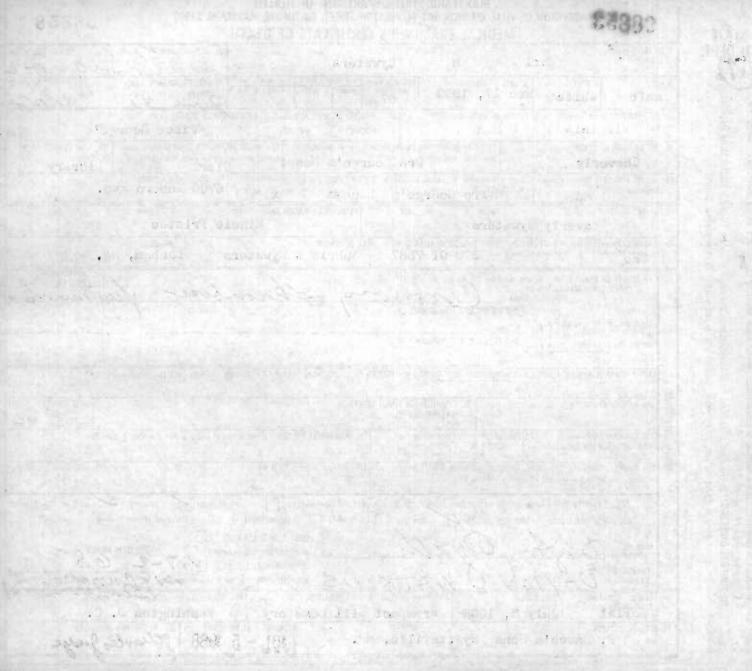
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130.	USUAL RESIDEN dmission) STATE	CE (Where dece	ised lived, if 13b. COL	institution: I	Residence b Georg	efore 13c. Ci	or town	YES T	77.6	13e. STREET AND NUM 6706 Aubu		•	
14. F	ATHER'S NAME	First Waverly		Middle ters		Lost	1S. MOTHER'S	MAIDEN NAME		le Fristoe	ddle	Los	st
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WE	21d. INJURY OCC			JURY (At hom building, etc.)		reet,	21f. LOCATION S	reet or R.F.D. No		City or Town		County	Stote
		certify that I sulted fram:	-	e of the rer I causes 2			ve, held an I			pectian , In Undetermined		and in n	ny apinian
	ACTUAL SIGNATURE _	Day	In	Ow	al	h	M.D.	CHIEF MEDICAL ASSISTANT MED	ICAL EXA	MINER -	22b. DATE SIG	NED C	
	EXAMINER'S NAME (Type)	DAY	TON	0	WA	TKI	INS		t, city, tov	wn, or count 63/	1	napa	lis Pa
	BURIAL, CREMA REMOVAL (Spec	Ju	o. DATE	1968	Pro	spect	Will Ce	metery		Washingt	on D.		State) 4
24.	FUNERAL DIRECT	Gasch'	s Son	s Hya		ADDRESS	id.				GISTRAR'S SIG		

DATE

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1	MARYLAND STATE DEPARTMENT OF HEALTH Obvision of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	088 59
aean and death	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) Baby Boy Carroll June 23, Day 196	
the fu ages 1 s after	Male Caucasian 6/23/68 last birthday) YRS.	NDER I YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN 2 19
10		Md Zb. KIND OF BUSINESS OR NDUSTRY
ove carb event, event,	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 11 GIT OR-TOWN doission) STATE Mary land Prince George's Seabrook YES NO 7811 Frank lin /	ue Ave/.
up u Ro	4. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Shert Carroll Frances E. Rushing	Lost
al, alego	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, with the State Dept.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate cause (a), stoting the underlying couse lost. (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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и ргіат	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21b. TIME OF INJURY 12b. HOW INJURY OCCURRED. (Faster nature of injury in Part 1 or Part 2, Item	DERED IN CERTIFYING
	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month Doy Year	18.)
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	22a. I certify that (*) (this haspital) attended the deceased fram June 23, 1968, to June 23, 1968 saw the deceased glive on June 23, 1968, and that in (my) (304) opinion death occurred an the date of causes stated above, (*) (we) (did) (304) with body after death.	, that () (we) last and haur and from the
led with	22b. SIGNATURE DEGREE ATTENDING MED. STAFF XX June	25, 1968
old be fi	NAME (Type) Bernardo Alvarado, M. D. Prince George's Gen'l Hospita	1,Cheverly,
2	REMOVAL CREMATION, 235. DAJI 7/13/68 Prince George's General Cheverly, Md. 24. FUNERAL DIRECTOR ADDRESS Hospital By REGISTRAR 25b. REGISTRAR'S SIGN	
15 (4) EV. 1/68		es Judge

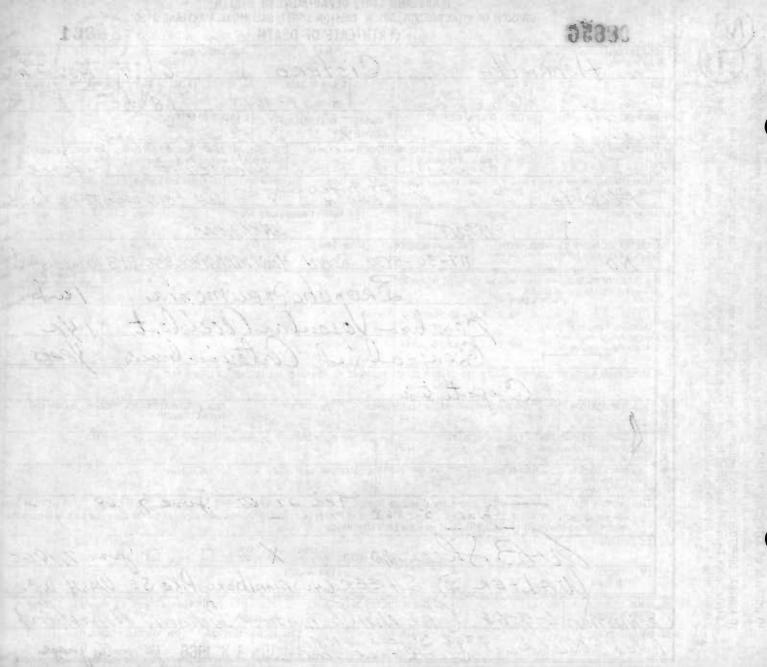
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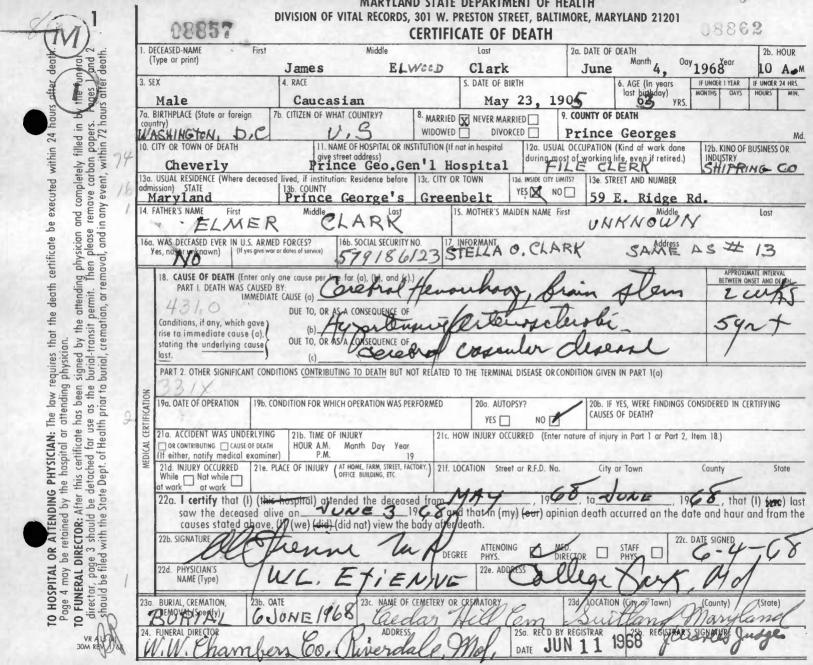
MAKTLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08861 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR within 24 haurs after death 09 (Type or print) era CRC 3 SEX 4 RACE 5. DATE OF BIRTH IF HNDER 1 YEAR 6. AGE (In veors burial-transit permit. Then please remave carban papers. Pages (burial, cremation, ar removal, and in any event, within 72 hours after last birthday) DAYS HOURS 8-25-7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) campletely filled in DIVORCED Frances 12a, USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 10. CITY OR TOWN OF DEATH #26. KIND OF BUSINESS OR give street oddress), during grass of working life, even if retired.) 13 CITY OR TOWN
FT MYER
BEACH 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY YES DE NO T 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle First Last UNKNOWN attending physician permit. Then please requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, or upknown) (If yes give war or dates of service) 117-30-5930 APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) AS A CONSEQUENCE OF DUE TO, OR signed by the burial-transit p Canditians, if any, which gave rise to immediate cause (a), DUE TO! OR AS A CONSEQUENCE OF attending physician. stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES | NO T O FUNERAL DIRECTOR: After this certificate be retained by the hospital ar 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased fram Fell 27, 1968, ta June saw the deceased alive an June 5 _ 196 £, and that in (my) (out) apinian deeth accurred an the date and haur and fram the causes stated abave (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 226 DATE SIGNED DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) 23a BURIAL, CREMATION 23b. DATE REMOVAL (Specify) 25g. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE EUNERAL DIRECTOR Kliggelan





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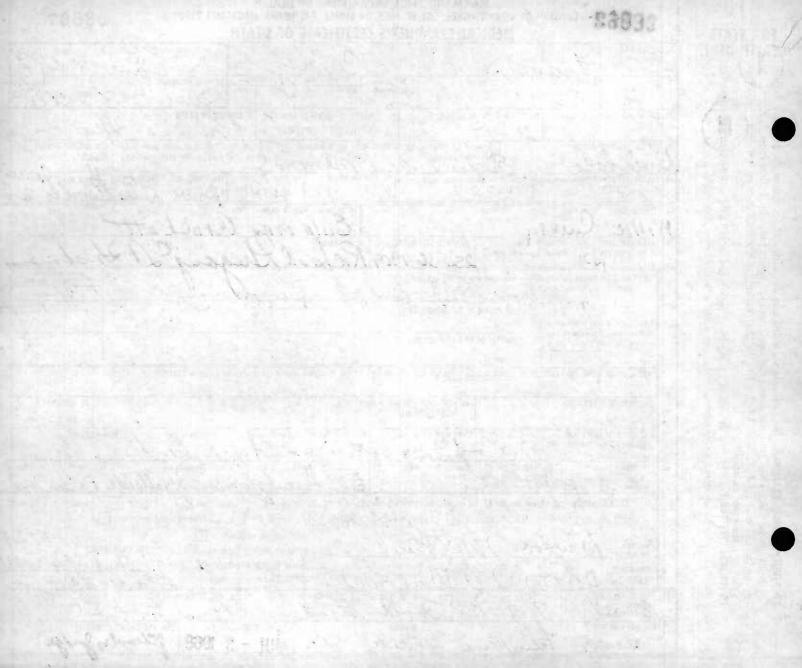
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3	. SEX	4. RACE		5. DATE OF BIR	TH	6. AGE (In years last birthday)	IF UNDER I YEAR MONTHS DAYS	IF UNOER 24 HRS.
	Male	White	1.	10/25	·	41 YRS.		
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_	D. CITY OR TOWN OF DEATH	11. NA	ME OF HOSPITAL OR INSTIT	UTION (If not in hospital	12g. USUAL OC	CUPATION (Kind of work dane working life, even if retired.)	12b. KIND OF E	BUSINESS OR
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o	dmission) STATE Md	e deceosed lived, if institution	George E	dmonston	3d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER 4818 48th Av	enue	
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	60. WAS DECEASED EVER IN Yes no or unknown)	of the second second	16b. SOCIAL SECURITY NO. 579 28 2252	2 Ruth Cou	ulter S	Address ame as #13		
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	21a. ACCIDENT WAS UN OR CONTRIBUTING CAU (If either, notify medica	ISE OF DEATH HOUR A.M. P.M.	Month Day Year			ore af injury in Part 1 ar Port 2,	Item 18.)	
	While Nat while			21f. LOCATION Street		City ar Town	County	State
	22a. I certify that saw the decer causes stated	(I) (this haspital) atte ased alive on abave, (I) (we) (did	nded the deceosed 2 2 2 19 did not view the boo	fram, and that in my dy after death.	, 19 <i>68</i>) (our) opinian	, ta, 19 death occurred an the do	6 8 , that ite and hour o	(I) (we) last and fram the
	22b. SIGNATURE	11/1	na.	DEGREE ATTENDING PHYS.	DIRECT	STAFF	DATE SIGNED 6/3/68	
1	22d. BAYSICIAN'S NAME (Type)	or. Robert De			ce Geo.	Plaza, Hyattsv		
L	3a. BURIAL, CREMATION, BUYALS Pecify)	23b. DATE 6/6/68	Ft. Lin			l. LOCATION (City or Town) Colmar Manor	P.G.	Md.
	4. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REC	TO 1968 REGISTRAP	SIGNATURE Y	roges ;
L	Francis Gas	ch's Sons H	lyattsville,	Md.	DATE JUIN	- 0 .000	()	12

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05866 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) ESTI-Page 0 DEATH MATED \$ 6-7-68 Ronald David Crabbe M moro delay and 3 3 SFX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOLINGED DEAD 2d HOUR Month Year 19 2: 84 pm M Male Negro 7-28-7957 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) DIVORCED [WIDOWED [Prince George's Give Pages lang with 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done the Sta 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Cheverly Prince George Hospital 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Mary and 13b. COUNTY YES NO George's Belt.sville 310 Brewer Road 24 haurs Item 14. FATHER'S NAME Middle Lost First IS. MOTHER'S MAIDEN NAME First .⊆ 4 shauld be farwarded to the Chief Medical Examiner's pages haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS within (Yes, no, or unknown) (If yes give war or dates of service) Spmc As File event within 72 APPROXIMATE INTERVAL be executed 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning DUE TO, OR AS A CONSEQUENCE OF buriof-transit Conditions, if ony, which gove rise to immediate cause (a), ony (certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 remaval, CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗍 NO IX pe P 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year 3 shauld PRIMARY TO OR CONTRIBUTING HOUR A.M. burial, crematian, 1968 Drowned while swimming in stone quarry. 10 TEM CAUSE OF DEATH 21d INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page AT WORK AT WORK & stone quarry. mile north of Fairland Rd., Beltsville, Md. 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my apinian director. death resulted fram: Natural causes X Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER prid ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUT DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health NAME (Type) Riverdale, Md. ADDRESS(Street, city, town, or county) ohn Kehoe MD 230. DURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Lity or Town) (County) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR

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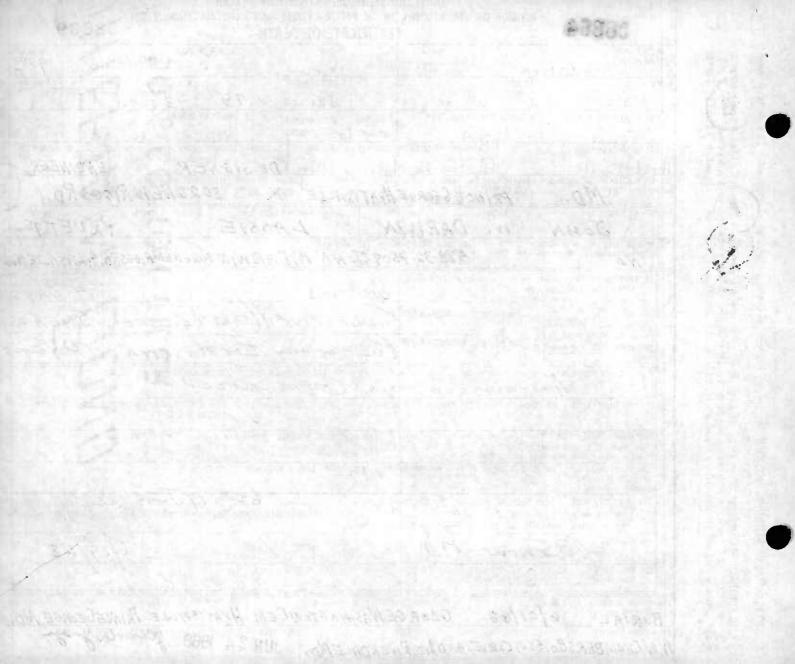
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03867 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN TO Month (Type or Print) OF ESTI-DEATH MATED 19 cine UNDER 24 HRS S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 3. SEX 4. RACE Doy 2 PM3 940 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) DIVORCED [WIDOWED | non in Item 18. Give Poges IQ CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done Chief Medical Examiner's Office along with The street address) durying most of working life, even if retired.) **INDUSTRY** 13e. STREET AND NUMBER deoth. land 2 with 130. USUAL RESIDENCE (Where deceased lived, if instrution: Residence before 13c. CITY OR TOWN 13b. COUNTY YES NO 24 hours after Middle MOTHER'S MAIDEN NAME 14. FATHER'S NAME First First hours pages 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. within pencil (Yes. no. or unknown) within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditions, if any, which gove rise to immediate couse (a). should word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 CERTIFICATION used 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? icate, should be 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Bort 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Yeor 3 should PRIMARY FOR CONTRIBUTING MEDICAL burial, cremation, EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. County Stote FUNERAL DIRECTOR: Poge NOT WHILE pleose execute 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection 2 Inquiry and in my apinion death resulted from: Naturo causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER moy Heolth ADDRESS(Street, city, town, or county) NAME (Type) 50 BURIAL, CREMATION. ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15ME (5) 10M REV. 1/68



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH										
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Ī		WAS DECEASED EVER IN U.S. Al	RMED FORCES?	6b. SOCIAL SECURITY	17. INFORMANT 509 JOHN V			Address KEWR16GS		VILLEMD,
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	WE	21d. INJURY OCCURRED 21 While Nat while at wark	e. PLACE OF INJURY	AT HOME, FARM, STREET, FAI DEFICE BUILDING, ETC.	TORY.) 21f. LOCATION Stre	et or R.F.D. Na.	· City or	Town	Caunty	State
		220. I certify that (I) (t saw the deceased causes stated above	his haspital) atter alive on ve, (I) (we) (did) (&	nded the decease	ed from, and that in (n body after death.	ny) (our) opinia	n death occ	urred on the do	thot (l) (we) last nd from the
		22b. SIGNATURE	Snow	MJ	DEGREE PHYS.	ING MED.	TOR S	STAFF D 22c	DATE SIGNED	7
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1 2	24. 1	FUNERAL DIRECTOR	5801 CLEVE	ADDRESS AND AND D	WESON EN	250. REC'D BY RE	4 968	25b. PENTRAR'S	Cary may	~

MAKTLAND STATE DEPARTMENT OF HEALTH



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FOR STATE		Item7abF								52	863	18870		
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an		FUNERAL DIRECTOR				ADDRESSTIT	ah n	2Sa. REC	D BY REGI	STRAR	25b. REGISTRAR	S SIGNATURE		
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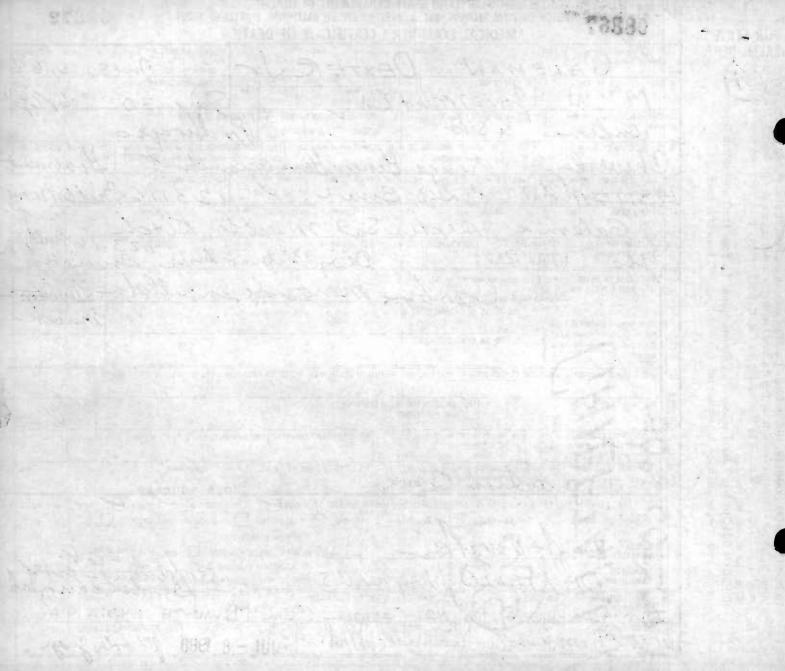
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08871 CERTIFICATE OF DEATH 1. DECEASED-NAMI First Middle 2g. DATE OF DEATH deoth. (Type or print) DENNISON JUNF Manth EWIZABETH and in ony event, within 72 hours after 4. RACE IF UNGER 1 YEAR 3. SEX S. DATE OF BIRTH last birthday) MONTHS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MAKRIED PRINCE GEORGES WIDOWED DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during mest af warking life, even if retired.) Tousowill 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME requires that the death certificate be Yes, na, or unknown) burial, cremotion, or removol, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY PULMONARY EDEMA - TERMINAL BRONCHOPNEL DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit Canditians, if any, which gave POISONING rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF AERO BACTER stating the underlying cause RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) ARTERIOSCHEROSIS be detached for use as the State Dept. of Heolth prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING YES 🗍 **DIRECTOR:** After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State 22a. I certify that (I) (this hospital) attended the deceased fram SEPT., 19.62, ta PRESE/MY, that (I) (we) last saw the deceased alive an TUNE 28 1968, and that in (my) (eur) apinian death occurred an the date and haur and fram the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED ATTENDING DIRECTOR L 22e. ADDRESS 8808 BRANCH AVE, O FUNERAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) REMOVAL (Specify) Bells Church Cemetery Camp Springs 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 1661- Gd. Hope Rd. SE. 30M REV. 1/68

6 10 -ELLIPHBERG IN DEMANDER STATES STATES IN 8/20/76 6/ MD, DSA DE PRINCE GEORGES CLINTEN CLINTON CORRESE MANNEY MAD PRED CLINTON PROPERTIENDAMENTE RES The Attended to the Attended t FOLLOWING EDENN - TERMING BEONGLOPEN - INS 110000 CREME POISONING MENTE PYPERMEPHELLS - JEHOR STUBE GENERALIZED ARTERIOSCLEROSIS NONE NONE NONE NONE NONE NONE NONE TVARENT IN THESE SERVI College Steamen S. M. D. W. College Blog B. S. PICTHOR SHAVER TRAMB GERRENDAMENTE, CEILIFEITH Report to security of the Kinglish and a second of the sec

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2g. DATE KNOWN (Type or Print) OF ESTI-LEMA 3. SEX 4. RACE HOUR lost birthday) 9. COUNTY OF A DEATH 7a. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED olong with form WIDOWED [DIVORCED [10. CLTY OF TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital DENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 136. COUNTY Office after 14. FATHER'S NAME Middle 16b. SOCIAL SECURITY NO. 17. INFORMANT pen File ⊆ 8. CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c).) withi PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a), ploods DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause writing the forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) certificate removol, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY FOR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, factory, office building etc.)

Gai 21d. INJURY OCCURRED 21f. LOCATION Street ar R.F.D. Na. City or Town County State NOT WHILE / Garage Home address 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Z Inquiry Z and in my opinian Suicide 29 death resulted fram: Natural causes Accident Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER 5 may ro FUNE Health ADDRESS(Street, city, town NEW OAKHIL 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5)

7年OUMAKTLAND STATE DEPARTMENT OF HEALTH



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	I	tem#1, Taken from birth certif. 7CERTIFICATE OF DEATH	08873
	1 DE	CEASED-NAME First Middle Lost 2a. DATE OF DEATH (pe or print) Germaine Baby/ 61/1 Ann D. 110 N	2b. HOURA 8:35 M
1	3. SE		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
•	7o. B	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED PRINCE SPACE.	Md.
74	10. C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if refried.)	12b. KIND OF BUSINESS OR INDUSTRY
1	13o. odmi	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before TSC. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER (Sign) STATE 13b. COUNTY 13b. Prince George Landam 15c. NO 95/2 A/C.	ONAST
-	14. F.	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Dennis Paul Dillon Germaine A. Waddell	Lost
1	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16s, no, or unknown) (If yes give wor or dates of service)	
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
1	CERTIFICATION	76 2 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONCAUSES OF DEATH?	SIDERED IN CERTIFYING
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exominer) 21b. TIME OF INJURY HOUR A.M. Month Day Yeor P.M. 19	m 18.)
		21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) While Not while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
		22a. I certify that (I) (this hespital) attended the deceased fram 12-168, 19, 19, ta 22-19 saw the deceased alive on 6-2, 19, ond that in (my) (eye) opinion death occurred on the date causes stated abave, (I) (we) (did) (did not) view the bady after death.	that (I) (West last ond hour ond from the
		22b. SIGNATURE Belling Degree ATTENDING DIRECTOR STAFF PHYS. DIRECTOR DIRECTOR JUL. 22d. DIRECTOR DIRECTOR JUL. 22d. DIRECTOR	ne 22, 1968
		NAME (Type) Edmond Rodriquez, M. D. 361/ Pasuel Ore.	d
2	230.	BUYAL CREMATION, 23b. DATE REMOVAL Specify 629 68 Prince George's General Cheverly, Maryl Funeral Director ADDRESS Hospify Registrar: 25b. Registrar's Si	(County) (State)
8		IILIAM A. PARKER, ASSOC. ADMINISTRATOR DATEJUL - 2 1968 CONTRACTOR	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08874 CERTIFICATE OF DEATH 2b. HOURA Last 2n. DATE OF OFATH 1. DECEASED-NAME First Middle requires that the death certificate be executed within 24 hours after death. (Type or print) Baby 8:25 M Boy Dorsey June IF LINDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4 RACE S. OATE OF BIRTH 6. AGE (In years last birthday) HOURS Male June 23, 1968 20 Negro 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED XX country) WIDOWEO [OIVORCED [Prince George's Maryland II.S.A. 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** Prince Geo. Gen'l Hospital Cheverly 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES NO KENIL WALTE IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last buriol, cremotion, or removal, and in physician (nen pleose 16b. SOCIAL SECURITY NO 17 INFORMANT Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na. ar unknawn) (If yes give war ar dates of service) APPROXIMATE INTERVAL 18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the burial-tronsit p the rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retoined by the hospital or ottending physician. stoting the underlying cousei PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) FUNERAL DIRECTOR: After this certificate has been irector, page 3 should be detached for use as the hould be filed with the State Dept. of Health prior to 1 TO HOSPITAL OR ATTENDING PHYSICIAN: The low 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF OEATH? YES [NO [21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Oay Yeor (If either, notify medical examiner) (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.O. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (4) (this haspital) attended the deceased fram June 23, 1968, to June 25, 1968, that (1) (we) last saw the deceased alive on June 25, #1968, and that in (xxx) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive on June 25 1968, and that causes stated above, (we) (did) and that view the bady after death. director, page 3 should should be filed with the 22c. DATE SIGNEO 22h, SIGNATURE ATTENDING MED. OIRECTOR STAFF PHYS. June 25, 1968 OEGREE PHYS. 22e. AODRESS 22d. PHYSICIAN'S Prince George's General Hospital, Cheverly Bernardo Alvarado, M. D. NAME (Type) (County) Mary and 23c. NAME OF CEMETERY OR CREMATORY Prince George's General 23d. LOCATION (City or Town) 23g. BURIAL CREMATION 23b. DATE 13/68 Cheverly, Maryland REMOVAL (Specify) 9 HOSPitel BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL/DIRECTOR VR A15 (4) 30M REV. 1/68 1968 Harry W. Penn, Jr., Administrator

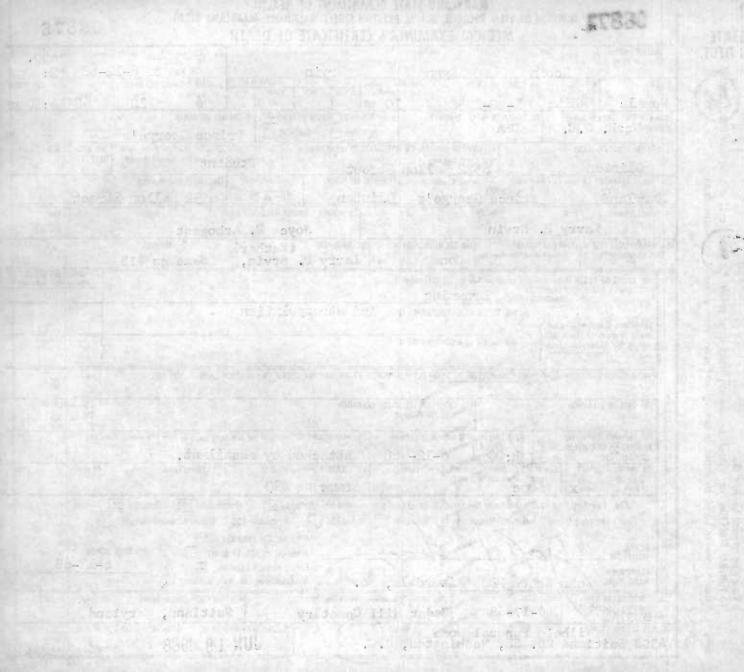
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08875 CERTIFICATE OF DEATH 2b. HOUR P Middle Last DECEASED-NAME First 2a. DATE OF DEATH xecuted within 24 haurs after death (Type or print) Winthrop Neill Dumont June 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last bisthdoy) MOHTHS DAYS Nov. 30, 1886 Male White in by ers. Po campletely filled in by emove carbon papers. P any event, within 72 haus 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED N. Carolina Prince Georges U. S. A. WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) FORESTVILLE 12o. USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR give street oddress) tumber Broker Own Busines Forestville Nursing Home 13e. STREET AND NUMBER 11807 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY Upper NOX YES 🗌 Chelsea Lane Pr. Geo's and in any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First last Cornelius UNKNOWN Dumont (EICIGN 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, na, or unknown) Mrs. Anita D. Wolf-Same as Item #13e burial, crematian, ar remaval, requires that the death certifi APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. CONGESTIVE HEART FAILURE DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician.

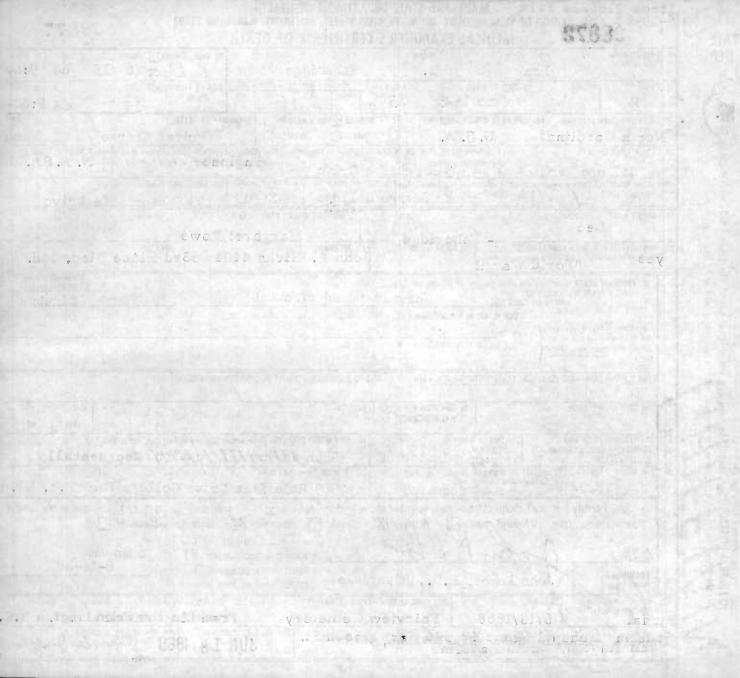
O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) os the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION CAUSES OF DEATH? NO X YES 🗌 for use of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from June 19.08, and that . ta _19.68, and that in (my) (our) opinion death accorded an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S B. Sasscer, M. D. Upper Marlboro, Md. 20870 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (State) 23a. BURIAL, CREMATION, (County) 6/17/68 9 Rock Creek Cometery Washington D.C. 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 Ritchie Bros. Upper Marlboro, Md. DATE JUN 19 1968

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08876 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month (Type or Print) ESTI-Page DEATH MATED 6-12-68 Robin deloy and 3 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 White Female 1-20-1958 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED TO 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) Wash. D.C. Office olong with form USA WIDOWED [DIVORCED [Prince George's the State This certificote should be executed within 24 hours ofter death cate, writing the word "pending" in pencil in Item 18. Give Page 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during great of working life, even if retired.) **INDUSTRY** Clinton ond 2 with 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Prince George's Clinton YES X NO 6532 Hallon Street 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Larry P. Ervin Joyce F. Arbogast should be forworded to the Chief Medical Examiner's 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Father) **ADDRESS** (Yes, no pryunknown) Larry P. Ervin. None Same as #13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) event within permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Drowning And Strangulation DUE TO, OR AS A CONSEQUENCE OF o burial-transit Canditians, if any, which gave rise to immediate couse (a). ony (the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) OS nsed CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO T 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. Attacked by assailant. CAUSE OF DEATH OOTEN 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At hame, farm, street, City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK same as #13 22a. I certify that I taak charge af the remains described above, held an Autapsy [x], Inspection 🔀 Inquiry X and in my apinian death resulted fram: Natural causes Accident . Suicide Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6-13-68 DEPUTY MEDICAL EXAMINER TO FUN. Heolth **EXAMINER'S** Riverdale, Md. ADDRESS(Street, city, town, or county) Kehoe MD NAME (Type) ohn/ 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify BURIAL 6-17-68 Cedar Hill Cemetery Suitland, Maryland 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTORWilhelm Funeral Home 2So. REC'D BY REGISTRAR Milesoles Jus JUN 19 VR ATSME (5 4308 Suitland RD. SE, Washington, D.C. 1968 10M REV. 1/68



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FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH										000.							
HEALTH DEPT.		ECEASED-NAME Type or Print)	First	ee	Middle R •			Lost 20. DATE KNOWN OF ESTI- DEATH MATED (KNOWN ESTI-	Manth 6	Doy 15	Yeor 68	2b. HOUR 9:46	
dely 15	3. S	EX M	4. RACE	S. DATE OF	BIRTH ne 1925	6. AGE (in lost by the	ay) MO	IF UNDER 1 YEAR		OURS .	IRS. 2 MIN.		PRONOUNCE		Yeo	1968	2d. HOUR 9:56 _M	
2 4	70	BIRTHPLACE (Stote			WHAT COUNTRY		142.	D X NEVER	MADDIEL		COLIN	TY OF D	FATH	1.5		1908	D. BOW	
- 8 0			arolina		J. S. A.	. 0.	WIDOWE		DIVORCED	_	COOM		rince	Gaor	T A			
INER: This certificate shauld be executed within 24 hours after death be certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages 1 and 2 with the State De lation, or remayal, and in any event within 72 hours after death.		CITY OR TOWN OF	FDEATH	11	NAME OF HOSE ve street addres 7303	PITAL OR INSTIT	UTION (IF	nat in haspi	ital	12a. USU	AL OCCU	JPATION	(Kind of wo	ark dane				
hours after death Item 18. Give Pag Office along with I and 2 with the Sta after death.	130.	USUAL RESIDENT dmission) STATE	CE (Where deceo	sed lived, if ins	stitution: Reside	ence before 13c	CITY OR	TOWN	1	IDE CITY LIMIT			ET AND NUM					
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hours Item 18 Office of I and 2 v	14. F	ATHER'S NAME	First Lee	Mic	ddle	Last	15.	. MOTHER'S A	MAIDEN	NAME	First		Mic	ddle		Last		
hin 24 ncil in 1 niner's pages 1 haurs c	11			FORCECO	Ether			Ma	rgar	et	Row	re				- 1- 1		
be executed within 24 "pending" in pencil in ief Medical Examiner's insit permit. File pages event within 72 haurs		(ee is, or unknow	ER IN U.S. ARMED	war or dotes of service. d War		. SECURITY NO.	Jol	nformant nn A.	Hic	cks 4	1404	4 5	3rd F	lace				
shauld be executed with we ward "pending" in pertact the Chief Medical Example. Burial-transit permit. File in any event within 72		18. CAUSE OF	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)								BET	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
ecut ing adice erm wit		PAKI I. D	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of chest									Minutes		tes				
oe execute "pending" ief Medica nsit permit		DUE TO, OR AS A CONSEQUENCE OF																
d be d "p Chie rans		Conditions, if any, which gave rise to immediate cause (a), (b)																
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KAMINER: This certificate shauld te the certificate, writing the ward ye 4 shauld be farwarded ta the Chyaur files. age 3 should be used as a burial-tracemation, ar remayal, and in any	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)																
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is ce e, w farv e us	CERTIFICATION	WAS PERFORMED?										YES 🗔	NO 🗆					
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ertification of the control of the c	MEDICAL	PRIMARY OI CAUSE OF DEAT	R CONTRIBUTING [H	Hour	PAM 6	15 19 68							# Jydy			tall	У	
tile c she she file 3 sh	MEC	21d. INJURY OCC	CURRED 21e.	PLACE OF INJUR	RY (At hame, far	rm, street,		OCATION Stre	eet ar R.F	F.D. Na.		City	or Tawn		Count	Y	State	
XAN te the the the the the the the the the t		AT WORK A	OT WHILE TO	Home	lding, etc.) of dece	ased		7303	Rado	cliff	e D	rive	e Coll	Lege	Park	P.G	Md.	
DEPUTY DICAL EXAMINER: seessary, please execute the cert in funeral director. Page 4 shault may be retained for your files. FUNERAL DIRECTOR: Page 3 shoult ealth prior to burial, cremation,		22o. I	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion															
e e e e contra c	133	death re	sulted from:	Natural	puses	Accident [C, Si	uicide 🔲	, Ho	micide	(A)	Unde	termined	monner				
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necessary, please execute the funeral director. Page 5 may be retained for you FUNERAL DIRECTOR: Page Health prior to burial, c	00	NAME (Type)		DATE		. NAME OF CEM				(Street, ci				>	10.		-	
7 + 50	230	BURIAL, CREMA REMOVAL (Speci Irial	ify) /23b.			. NAME OF CEM Fairvie							(City or Tov		(County)		ote)	
	24	ITIAL FUNERAL DIRECT	OP 0	/18/196	O I I	ABARTS	w C	emete	2Sn	. REC'D B	Y REGIS	STRAR	25b. RF	GISTRARS	SIGNATUL	RE	34 14 9 C	
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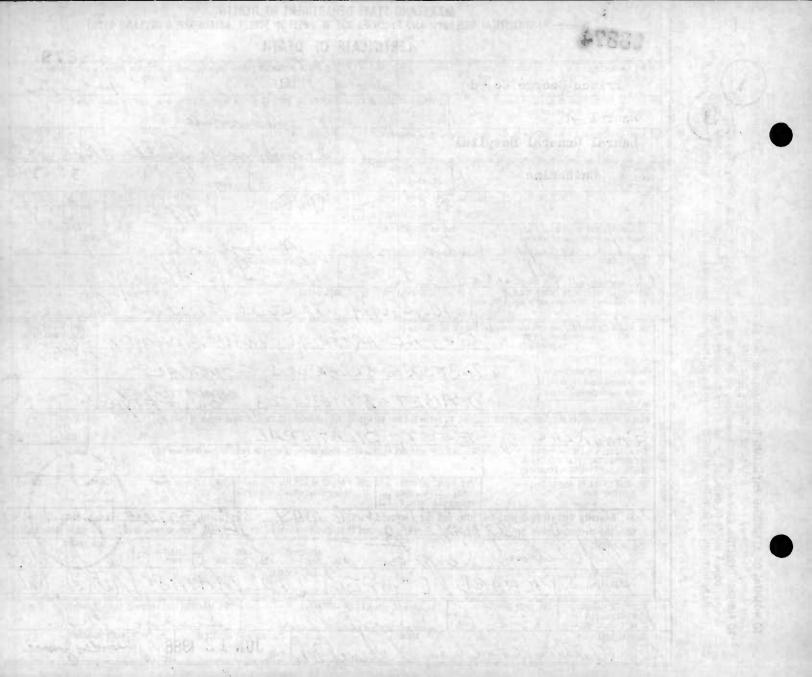


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08878 CERTIFICATE OF DEATH 1. DECEASED-NAME Last First Middle 2a. DATE OF DEATH 2b. HOUR uneral 1 and 2 er death. (Type or print) 68° Eddie Farrington .35PM June 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 69st birthday) HOURS Feb. 29, 1899 Male Negro haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED PENEVER MARRIED country) WIDOWED I DIVORCED [Pr. Geo. 24 event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR within give street address)
Pr. Geo., Gen., Hosp., during mast af warking life, even if retired.) INDUSTRY Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed 13b. COUNTY SeatPleasen't 905 Maryland Geo 67th Avenue TO FUNERAL DIRECTOR: After this certificate has been signed by the attending offysteran addrector, page 3 shauld be detached for use as the burial-transit permit. That please remoshauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no. or unknown) (If yes give war or dates of service) 905- 67- AUX 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY requires that the death IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO XXX 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Ng. 21e. PLACE OF INJURY County State City or Town While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram June 7, 19.68, to June 22, 19.68, that (1) (re) last saw the deceased alive an June 22, 1968, and that in (1) apinian death accurred an the date and haur and fram the causes stated abave (1) (we) (did) (1) (re) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE June 24, 1968 DIRECTOR PHYS. PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Leon Levitsky, M. D. Prince George's General Hospital, Cheverly Massyland 230 BURIAL CREMATION 23b. DATE OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission 1. PLACE OF DEATH o. STATEMO o. COUNTY Prince George Co Md b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (outside corporate limits, write RURAL and give nearest town) within 24 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)

Laurel General Hospital d. STREET ADDRESS IS RESIDENC ON A FARM? papel NO F within NAME OF Middle First Lost Catherine DECEASED eeser me (Type or print) DEATH executed AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR, OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Hours Dovs WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? requires that the death certificate aureure 14. MOTHER'S MAIDEN NAW 13. FATHER'S NAME remaval, WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMAN Address (Yes, no, or unknown) (If yes give wor or dotes of service) crematian, CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) by DUE TO SCLEROSIS, GENERAL Conditions, if ony, which gove rise to immediate couse (a). DUE TO as the stoting the underlying couse 11=ELON this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) use detached for use te Dept. of Health NO STA 205. DESCRIBE HOW ANJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. o 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED Hour o.m. Not While foctory, street, office bldg., etc.) ot work **DIRECTOR:** After be retained by 111E, 1968, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram_ saw the deceased alive on and that death accurred at AM, from couses and on the date stated above 22h DATE SIENED 220. SIGNATUR ATTENDING M.D. HYS. DIRECTOR 22d. ADDRESS **DHYSICIAN'S** FUNERAL AME (Type) director, shauld b NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23€. REMOVAL (Specify) 0 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR C VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08880 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT 1. DECEASED-NAME First Middle 2a. DATE KNOWN [34 (Type or Print) MABEL IRENE FIDDESOP ,68 61 DEATH MATED 4. RACE 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS S. DATE OF BIRTH 3. SEX 2c. DATE PRONOUNCED DEAD HOURS Day 24, Manth Year 10 68 White Dec. 23, 1895 Female and 2 with the State Depart 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH Prince George Washington D. C. U.S.A. WIDOWED | DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address Leland Memorial INDUS Own Home during hast progressing file, even if retired.) Riverdale 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. odmission) STATE Md. 13b. COUNTY P. G. 4800 Riverdale Road Riverdale YES X NO after 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First First Middle Mabel I. Chase Edwin Jett 17. INFORMANT 6009RS99th Place Harry Fiddesop Sr. Hyattsville, Md. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT in pencil (Yes no ar unknown) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH within shauld be executed 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) the Chief Medical PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit trener Cencen Conditions, if onv. which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County factory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy X. Inspection X Inquiry X, ond in my opinion deoth resulted from: Notural causes 12 Accident . Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL June 25, 1968 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health John Kehoe, M. D. ADDRESS(Street, city, town, or county) NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY Colmar Manor P.G. 6/27/68 BREMOVAL Specify) Ft. Lincoln 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Francis Gasch's Sons Hyattsville, Maryland VR A15ME (5) 10M REV. 1/68

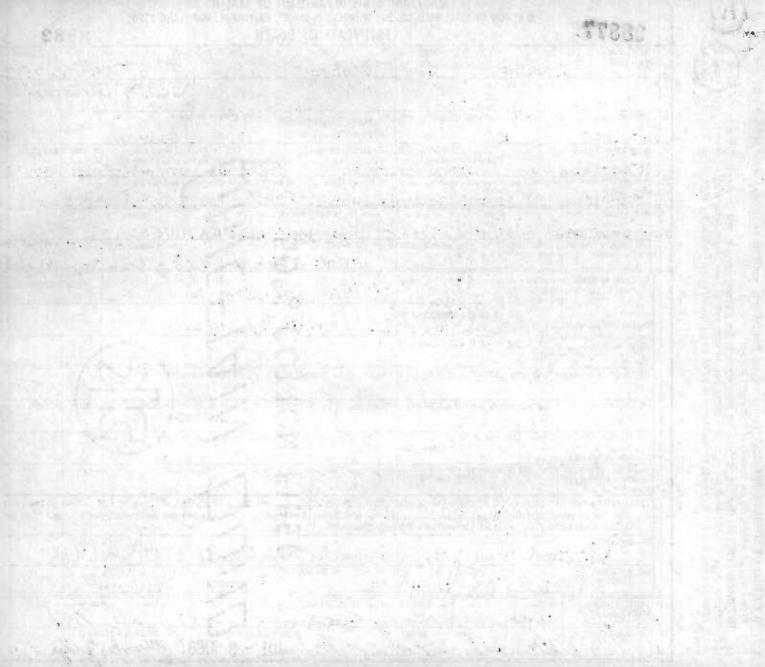
A DECEMBER OF A STATE OF THE PARTY OF THE PA THERE 2 (3) -See S. Line Cod. 25, URL T three with the second of the s A Part County tones seguines a minural and the control of t The soil complete in a year ville, as years all as sign of the soil of the soi

MAKILAND STATE DEPAKEMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08876 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost 20. DATE OF DEATH 2b. HOUR ompletely filled in by the funeral ve carban papers. Pages 1 ond event, within 72 hours after death (Type or print) requires that the death certificate be executed within 24 hours after deat Zettie Fields June 6:40PM 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) Female Caucasian June 13, 1902 70. BIRTHPLACE (Stote or foreign country) Kentucky 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED U. S. A. DIVORCED SEP Prince George's WIDOWED [ond completely filled remove carban pape 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Prince Geo.Gen'l Hospital during most of working life exen if retired.) Nousiry Home Cheverly 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Apt 204 Mary 1 and Prince George's Hillside YES NO 5272 Marlboro Pike 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Lost Middle Lost Harvey Sullivan Angeline Justice 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no lorunknown) 403 03 2434 Joyce O'Neal same as 13e signed by the ottending physi burial-tronsit permit. Then pl burial, cremotion, or removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute purulent tracheobronchitis with bilateral IMMEDIATE CAUSE (o) bronchopneumonia. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Chronic congestive heart failure. rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Cardiomegaly with marked right ventricular hypertrophy PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (Cor pulmonale). **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior to ATTENDING PHYSICIAN: The low 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES WE'K ves 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work be retained by the 22a. I certify that #() (this haspital) attended the deceased fram May 23, , 19.68, to June 10, , 19.68, that #() (we) last saw the deceased alive an June 10, 19.68, and that in (next (aur) apinian death accurred an the date and haur and fram the causes stated abave, (#) (we) (did) (diches) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. June 11, 1968 DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Tomas J. Hernandez, M. D. Prince George's General Hospital, Cheverly 23c. NAME OF CEMETERY OR CREMATORY
Mt. View Memorial Gardens Calburn Kentuck 230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE Maryl and 6/15/68 Francis Gasch ADDRESS 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 's Sons Baltimore Ave. Hyattsville Maryland VR A15 (4) Icharles Juy 30M REV. 1/68

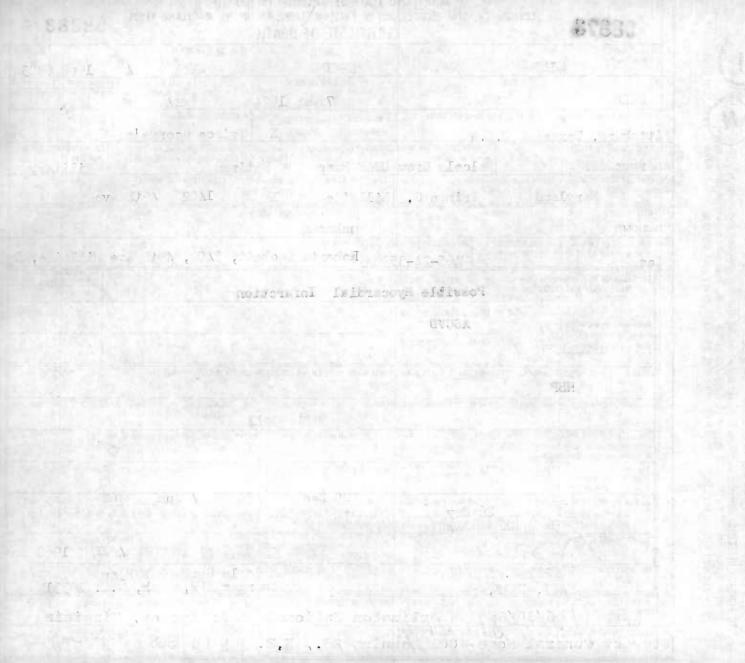
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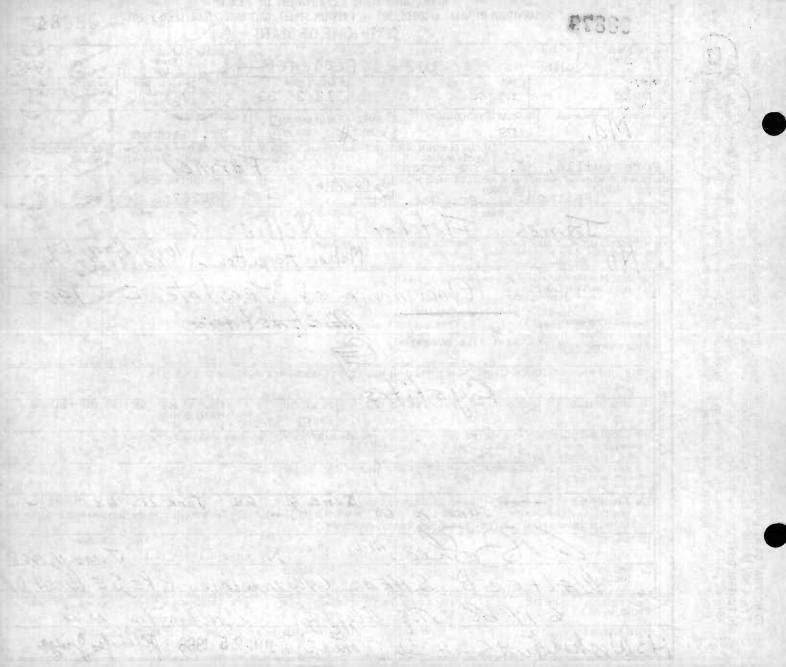
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18882 First DECEASED-NAME Middle Lost 2a. DATE OF DEATH 2b. HOUR The low requires that the death certificate be executed within 24 hours after death (Type or print) Month Charles Fisher 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNOER 24 HRS last birthday) MONTHS popers. Page White Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) and completely filled in remove corbon popers. Maryland WIDOWED TOK DIVORCED [Prince George's 10 CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Leland during most of working life, even if retired.) INDUSTRY buriol, cremation, or removal, ond in ony event, wit Riverdale Memorial ernal revenue erk 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmissian) STATE 13b. COUNTY YEŞ . NO O 15 Beal 1 Georges Laure Marv Place 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Lost 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (If yes give wor or dates of service) Yes, no. or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND GEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-tronsit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or oftending physicion. stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been irector, page 3 should be detached for use as the hould be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. director, page 3 should be detache should be filed with the Stote Dept. 21d. INJURY OCCURRED State City or Town County While Nat while at work 22a. I certify that (I) (this hospital) ottended the deceased from. mul saw the deceased alive an 19 and that in (my) (aur) opinian death accurred on the dote and hour and from the causes stoted obove, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATUR ATTENDING DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY CO 23d. LOCATION (City or Town) 23b. DATE (Stote) (County) 0 ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ocharles 1968 30M REV. 1/68



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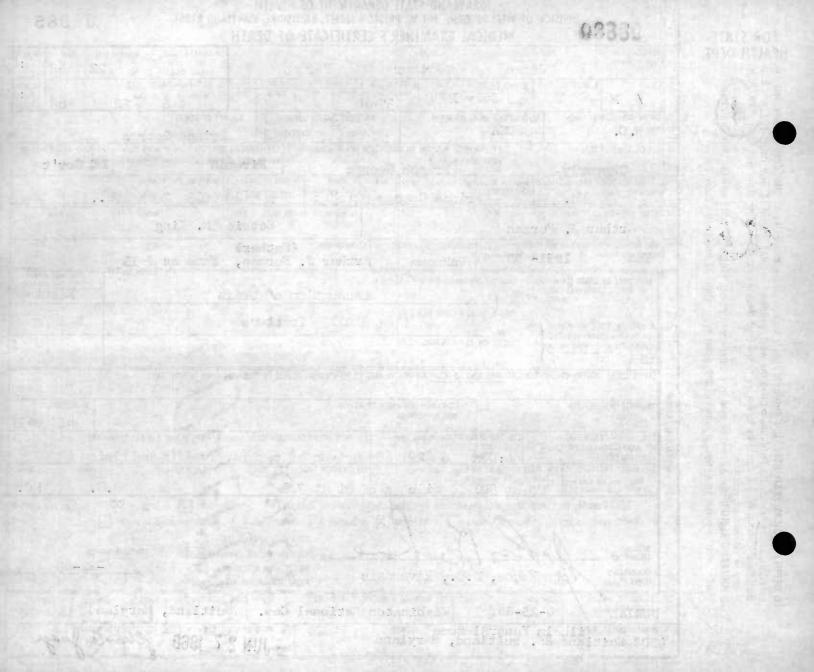


MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 08884 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH 1. DECEASED-NAME First 2b. HOUR deoth. (Type or print) Month Sol Year JOHN FLETCHER W 5. DATE OF BIRTH 4. RACE IF UNDER 1 YEAR ofter 3. SEX 6. AGE (In years IF LINDER 24 HRS. last birthday) 84 MONTHS T OAYS male 12/25/83 negro hours 70. BIRTHPLACE (Stote) or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) by the attending physician ond completely filled in transit permit. Then please remove carban popers cremotian, or removal, and in any event, within 72 US WIDOWED DIVORCED Pr. George the death certificate be executed within 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress)
The Rec during most of working life even if retired.) INDUSTRY Forestville, Md. Regent 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before Fairmont 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Fairmont 13b. COUNTY odmission) STATE YES NO 60262nd Street Hats 14. FATHER'S NAME Middle Middle 15. MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 101 Yes, nor or unknown) (If yes give war or dates of service) and ove 18. CAUSE OF DEATH (Enter only one cause per line or (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) etastasis Conditions, if ony, which gove) signed by the buriol-transit p rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying couse buriol, lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) hos been directar, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO 🗔 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M OR CONTRIBUTING CAUSE OF DEATH Month Doy Yeor (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while at work 220. 1 certify that (1) (this hospital) attended the deceosed from June 4, 1968, to June 11, 1968, that (1) saw the deceased glive an June jo 1968, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City or Town) BURLAC, CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) ADDRESS 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 frie DATEJUN 5



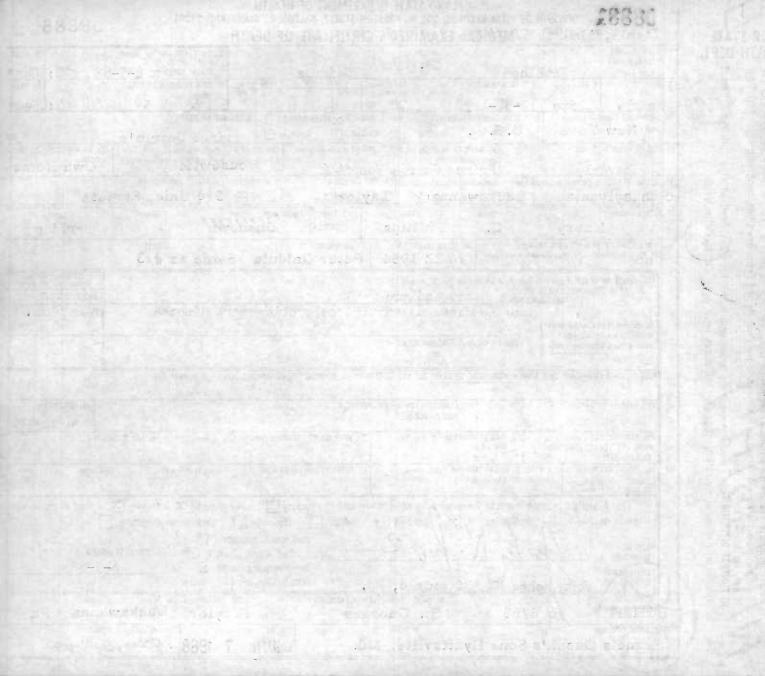
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03885 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN The Month Doy Year (Type or Print) ESTI-168 James Arthur Furman DEATH MATED 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 15 July 1930 W M am M 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) N.C. USA WIDOWED [DIVORCED [7 Prince George 8. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR along with during most of working life, even if retired.) give street address) MOUSTRE OV t Cheverly Prince George 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Marlowe odmission) STATE 13b. COUNTY Prince George YES NO 28th Ave. 6013 24 haurs Item I 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle Bessie M. King Arthur J. Furman = within 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Father) ADDRESS pencil (Yes unknown) the de man or added of service) Arthur J. Furman, Same as # 13 4 shauld be farwarded to the Chief Medical Exam Unknown APPROXIMATE INTERVA .= within be executed 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY Laceration of brain Minu es IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF fracture burial-transit Skull Conditions, if ony, which gave rise to immediate cause (a), certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 ar remaval, used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES T NO 🕞 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 1B.) 21b. TIME OF INJURY Month, Day, Year 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, MEDICAL 229 68 Driver of car involved in collision L. O COM. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town State factory, office building, etc.) WHILE AT WORK AT WORK Md. miles s of St Rt 381 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inquiry X Inspection 3 ond in my opinion death resulted from: Notural couses Accident/ [32] Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6-22-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D., Riverdale ADDRESS(Street, city, town, or county) NAME (Type) the 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 50 23b. DATE 23d. LOCATION (City or Town) (State) 6-25-68 Washington National Cem. Suitland, Maryland 24 FUNERAL DIRECTORWITHEIM Funeral Home ADDRESS 4308 Suitland Rd. Suitland, Maryland 25b. REGISTRAR'S SIGNATUR 2So. REC'D BY REGISTRAR VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

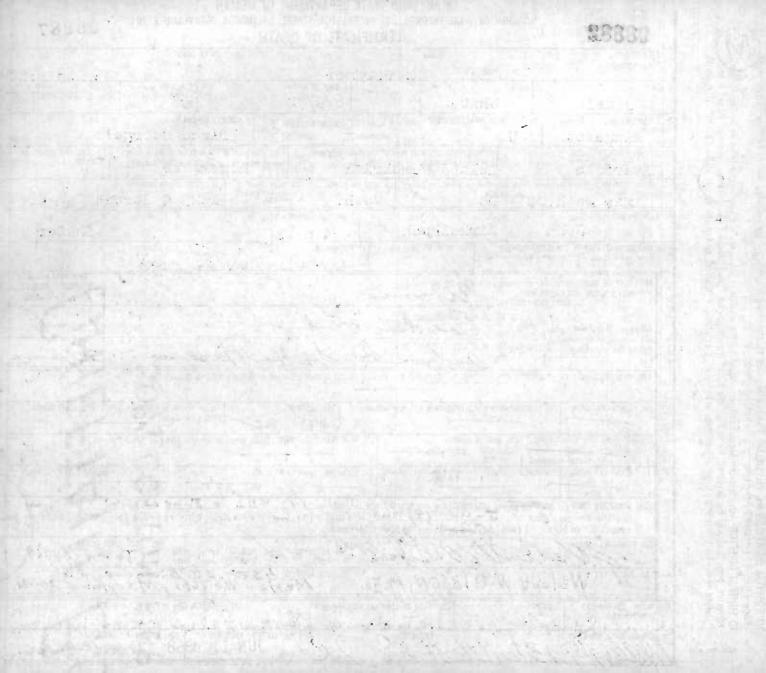


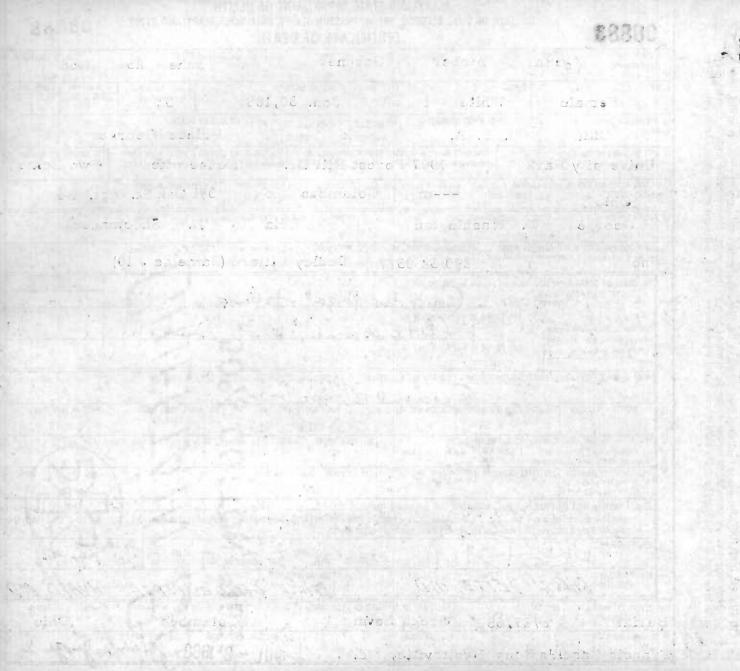
10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00887 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Louisa Gardner carton popers. Pages I ent, within 72 hours after 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR requires that the death certificate be executed within 24 hours after 6. AGE (In years (gabbirthday) 6/9 White Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (country) Minnesota etely filled in Prince George's US DIVORCED [WIDOWED I 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Memokrial during most of working life exep, if retired.) INDUSTRY Riverdale 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER DO 136. COUNTY YES NO 0 Street Wash. and in any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle First Lost John Zirkelbach Shafer 16h. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAND (If yes give war or dates of service) Yes, no. or unknown) buriol, cremotion, or removol, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) 4-2016 DUE TO, OR AS, Conditions, if ony, which gove) signed by the buriol-tronsit p rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) State Dept. of Health prior to os the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO L TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while ot work 22a. I certify that (I) (this hospital) attended the deceased fram JAN. 14, 1952, to June 13, 1962, that (I) (we) last saw the deceased alive an June 14, 1968, and that in (my) (our) opinion death occurred on the date and haur and from the director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 2003/ 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town (Stote) BURIAL, CREMATION, 23b. DATE (County) REMOVAL (Specify) REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68



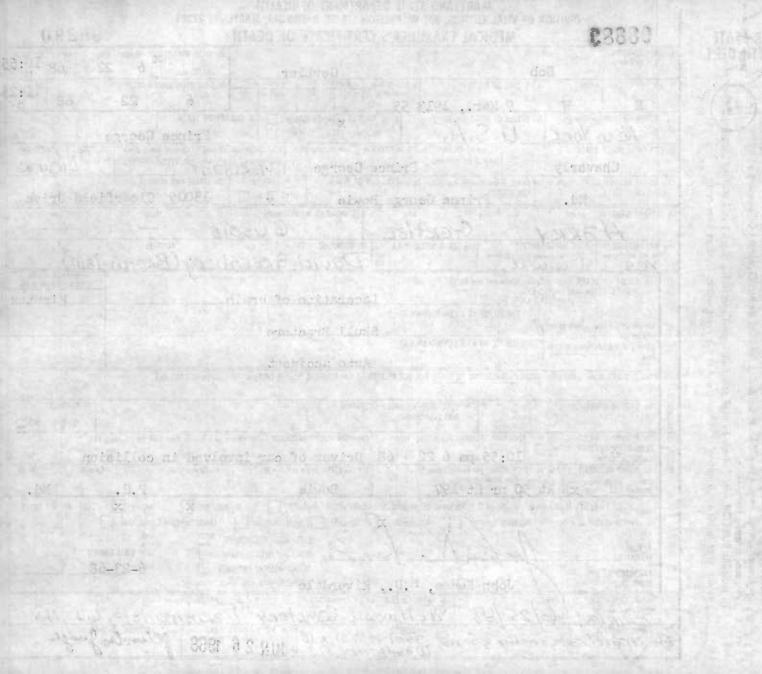


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nand completely filled in by the funeral remove carbon popers. Poges I and 2 d in ony event, within 72 hours of the death.		ECEASED-NAME First ype or print)		Middle		Lost		20. DATE (OF DEATH Month	Day	Veer	2b. HOUR
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in ony event, within 72 hour	7o.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT (NEVER MAR		9. COUNTY C				
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74	10.	III OK TOWN OF DEATH	give street	OF HOSPITAL OR INS address)			during m	at occupation	N (Kind of war) of life, even if re	tired.)	12b. KIND OF B INDUSTRY Dwn He	USINESS OR
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16	adm	issian) STATE Maryland	13b. COUNTY			leasent	YES X N	0□761	Walker	Mill	Drive	3
5 /	14.	FATHER'S NAME First	Middle	Last		. MOTHER'S MA	AIDEN NAME	First	M	iddle		Last
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o E		1B. CAUSE OF DEATH (Enter only	one couse per line fo	or (o), (b), ond (c).	.)				14-24-7		APPROXIM	ATE INTERVAL SET AND DEATH
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should be filed with the State Dept. of Heolth prior to burial, cremation, or remov al.		Conditions, if ony, which gove) rise to immediate cause (a),	(b)	Site unk	nown		11/12					
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0	CERTIFICATION	170. DATE OF OFERATION	onomon for which	DI EKATION WAS I E	.Ki Okineb	YES		CALIS	SES OF DEATH?			
	CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJ	URY	21c. HC				jury in Part 1 ar	Part 2, Ite	m 1B.)	
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	MED	214 INTUDY OCCUPATED 210 F	PLACE OF INJURY (AT I		/	CATION Stree	et or R.F.D. No	o. Ci	ty or Town		Caunty	State
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		22a certify that (this	haspital) attend	ed, the decease	ed fram	5/2	, 192	, to	6/13	_, 19_	that	(I) (ws) las
		saw the deceased ali causes stated abave,	ve an	[P] d	19 Cy, and	d that in (m	iy) (***) ap	inian death	accurred an	the date	and haur a	ind fram the
	10	22b. SIGNATURE	(I) (Way tand) (dic	mai) view me	budy differ t	Jeum.				22c. DA	TE SIGNED	
		220. STOTIA GINE	1	1 ma	DEGR	EE PHYS.	NG D	MED. DIRECTOR	STAFF PHYS.		14/17	
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UM		FUNERAL DIRECTOR itchie Brothe	na Ilma	ADDRESS		Ma		BY REGISTRAR		SISTRAR'S SI		
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08890 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR-STATE 20. DATE KNOWN HEATTH-DEPT DECEASED-NAME First Middle Month Doy Year (Type or Print) ESTI-1968 6 Bob Gert.ler DEATH MATED delay IF UNDER 24 HRS 4 RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOLINCED DEAD 3. SEX pup HDURS Doys Yeor 9 Mar. YRS 7o. 8IRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED [Prince George Office alang with fari the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) Cheverly Prince George 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Prince George Bowie odmission) STATE 13005 Clearfield Drive Md and 2 \ ofter 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle GUSSIE hours . 4 shauld be farwarded to the Chief Medical Examiner's 17. INFORMANT **ADDRESS** (Yes, no, or unknown) Brotin-la within IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH permit. "pending" PART I. DEATH WAS CAUSED BY: Laceration of brain Minutes IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave Skull Fracture rise ta immediate cause (a), certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= Auto accident PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 5 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 3 shauld PRIMARY TO OR CONTRIBUTING crematian, Driver of car involved in collision 10:55 Mpm 6 22 19 68 CAUSE OF DEATH 21e. PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.E.D. No. City or Town County State Rt 50 nr Rt AT WORK AT WORK Bowie P.G. Md. 22a. I certify that I taok charge of the remains described above, held an Autopsy . Inspection x Inquiry X and in my apinion director. Natural couses Accident 30. Suicide . Homicide Undetermined manner deoth resulted from: CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral SIGNATURE **EXAMINER'S** John Kehoe, M.D., Riverda Per RESS (Street, city, town, or county) NAME (Type) 23g BURIAL CREMATION. REMOVAL (Specify)

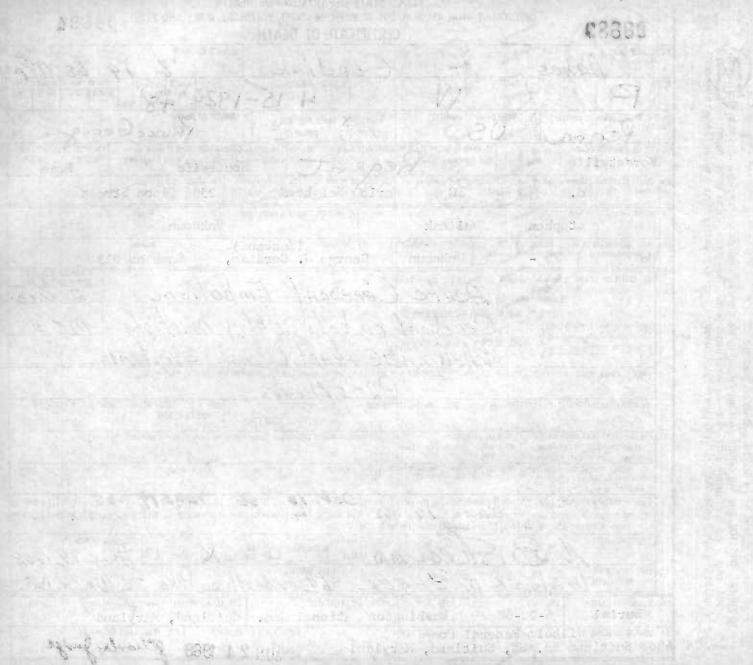
MARYLAND STATE DEPARTMENT OF HEALTH



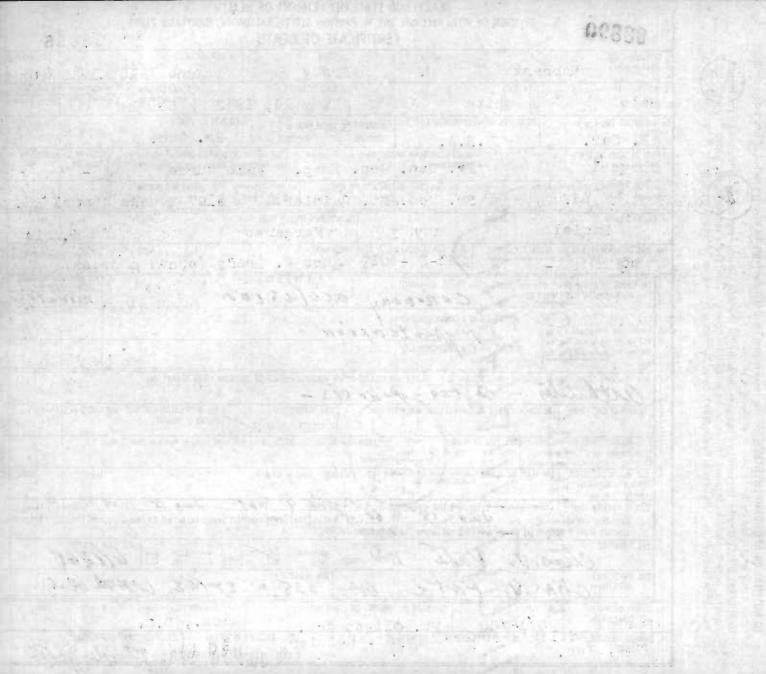
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		CEASED-NAME First	Mid	ldle	Lost	20. [DATE OF DEATH	D. V	Tio .	2b. HOUR
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fun	3. SE		4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER	I YEAR IF	F UNDER 24 HRS.
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exe ony ony	14. 1	FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDE	N NAME First	Middle	9		Lost
be nor		WILLIA	M	SIBSON	LOUIS	SE		12.12.1	CAR	
ofe icion leos on o		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAl	SECURITY NO. 17	INFORMANT	7713	3 8/14	S N.Di	cke	rson
tific phys	NC		434-	05-7992	Mrs Jame	es Jerr	igan, Arli	ngton	, V	a
The The		18. CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b), ond (c).)				81		TE INTERVAL ET AND DEATH
andin nit.		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (0) Seption	emia, pr	obably :	seconda	ary to			
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the the sit partition		Conditions, if ony, which gove rise to immediate couse (a),	(b) Squamo	us, cell	carcino	ma, flo	or of mou	th		
tho on. by ron cren		stoting the underlying couse		QUENCE OF						
res /sicionsed ial-t		lost.	(c)							
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tend fend is boas prio	CERTIFICATION	190. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	20o. AUTOPSY		20b. IF YES, WERE FINDIN CAUSES OF DEATH?	IGS CONSIDERE	D IN CER	HEYING
T to co set	RIF	OL ACCIDENT INAC UNDERLY	10 Jan	le.	YES 🗌	NO 🗆	BORN BOLLS			
AN: olicote for Heo		210. ACCIDENT WAS UNDERLYI			HOW INJURY OCCUR	CED (Enter noture	of injury in Port 1 or Por	1 2, Item 18.)		
SICI spite ertifi ed 1	MEDICAL	(If either, natify medical exam	iner) P.M.	19	LOCATION C	D.C.D. N.	Ch T	Count	9.3	Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely the director, page 3 should be detached far use as the burial-transit permit. Then please remove forban poshould be filed with the State Dept. af Health prior to burial, cremation, or removal, and in any event, within	1	While Not while	OFFICE BUILD				City or Town	County	, 	
ING by the ter tate		22a. I certify that (X) (the saw the deceased of	nis hospital) attended the	deceased fram_	15 June	_, 19.6.8_,	to 23 June,	19_68	, that (X (we) last
ed bed bed bed bed bed bed bed bed bed b	18	saw the deceased	alive an 23 June	19 68 a	nd that in (mXy) ((aur) apinian (death occurred an the	e date and	haur ar	nd from the
TOR TORN		226 SIGNATURE	e XI) (we) (did) (didxiox)	view the body dire	r deam.			22c. DATELSIG	NED	
OR A DIREC		John D. H	Elevel Mas)SAFMODE	GREE PHYS.	MED. DIRECTOR	STAFF PHYS.	234	1001	8
V be oge	1	22d. PHYSICIAN'S	1009	m	22e. ADDRES		1113.	AUD	REW	SAFB
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IOSI LUNE Secto Suld	230	BURIAL CREMATION. 23b.		NAME OF CEMETERY O			LOCATION (City or Town)	(Count	ty)	(State)
O HOSPITAL Page 4 moy O FUNERAL I director, pog		accompany to the A	0-27,68 01		WRCH.	CEN B	ASTICOP.	182, 1	200	1SAND
	24.	FUNERAL DIRECTORW . W.	(HAMBER	SADDRESS C.	1NC 25	o. REC'D BY REGI	STRAR 25b. REGIST	RAR'S SIGNATU	1	
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41	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		892
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Day OF ESTI- John Glasco Death Mated 3 6-20-6	
delay is and 3 ta M3. Page tment af	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c, DATE PRONOUNCED DEAD	2d. HOUR
ny del 2, and PM3. sartme	7 ODDIDLAG CO	8"1911:15amm
De De	Value Valu	Md
death any delay re Pages 1, 2, and 3 with form PM3. Page the State Department	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 12. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)	KIND OF BUSINESS OR ISTRY
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24 haurs (conflice ses hand 2 rs after d	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle UNKnown Onn Bond	Last
i within 24 in pencil in Examine (* File pages n. 72 hours		Control of the Contro
xecuted vading" in Medical Experimit. Fil	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUES
be executed "pending" in iief Medical E insit permit. F event within	Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	unknown
This certificate shauld be executed within cate, writing the word "pending" in pencil I be farwarded to the Chief Medical Examine I be used as a burial-transit permit. File page or remaval, and in any event within 72 hou	rise to immediate cause (a), stating the underlying cause (b). DUE TO, OR AS A CONSEQUENCE OF (c)	
ficate sing the ded ta as a b I, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certificate to, writing the farwarded to the used as a breemaval, and	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1)	20. AUTOPSY? YES NO X
#_ 20 0	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OF COURRED (Enter nature of injury in Part 1 or Part 2, Item 1) PRIMARY OF DEATH P.M. 19 21d. INJURY OCCURRED 21e, PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town Co.	B.)
3 = st. e	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, while at work at work at work at work at work at work)	aunty State
DEPUTY DICAL EXAM scessary, please execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth priar to buriol, crem	22o. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , death resulted fram: Natural causes , Acadent , Suicide , Homicide , Undetermined monner	ond in my opinian
EPUTY DICA sssary, please ev funeral director. ay be retained ineral director.	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER COLD DAYE SIGN	IED
ary, ple neral di be reto ERAL DI	1 SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	21-68
ro DEPUTY necessary, the funera 5 may be ro FUNERA Health pr	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
07 = = 20 = = = = = = = = = = = = = = = =	230. BURIAL (REMATION) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (GOU DELLE 24.1968 - John Hesley Ch. am. agrasso-Po. L.	is Md.
VR A15ME 5 V 10M REV. 1/68	Martell adams agrasco, Md. 250. REGISTRAR 25b. REGISTRAR'S SIGN.	Judge.

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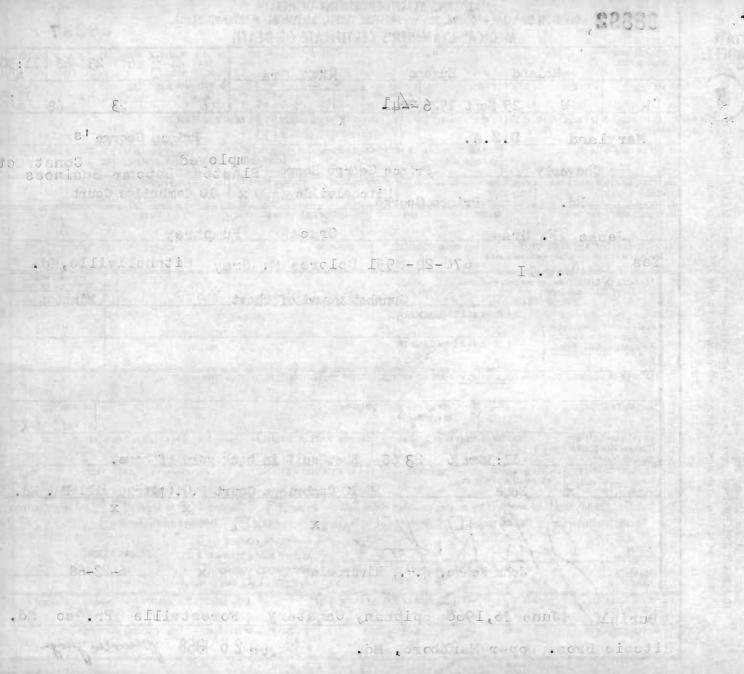


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Xx June 15, 1986

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MAKILAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#23c.Filmg401 6/25/68km CERTIFICATE OF DEATH DECEASED-NAME Last 20. DATE OF DEATH 2b. HOUR death (Type or print) June 17 Florence Griffith burial-transit permit. Then please remave carban papers. Pages 1 burial, cremation, ar removal, and in any event, within 72 haurs after 4. RACE 24 hours after 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR (65 birthday) DAYS Female. Negro June 19, 1902 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland USA WIDOWED . DIVORCED [Prince George's filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12h. KIND OF BUSINESS OR give street address) during mast of working life, even if retired.) INDUSTRY Cheverly Prince Geo. General Hosp. 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Prince George's Upper Marlboro Maryland Route #3 14. FATHER'S NAME First lost 1S. MOTHER'S MAIDEN NAME First Middle and ATTENDING PHYSICIAN: The law requires that the death certificate be Julia Gross Samuel Crowdy 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war ar dates of service) Yes, no. or unknown) Horace Crowdy-brother-APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) serbdia Etailura DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) signed by the burial-transit IN. Sudden cardiac arrest in rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause Probably covergey arterioscleroscs PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the priar tak has been Severe Chemic 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO X detached far use e Dept. af Health TO HOSPITAL OR ATTENDING PHYSICIAN: I Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Doy Yeor HOUR A.M. (If either, natify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from June 16, 168, ta June 17, 1968, that (we) last saw the deceased olive on June 17, 1968 and that in (xx) (aur) opinion death accurred on the date and haur and from the couses stoted obove, (a) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED ATTENDING director, page 3 should be filed v Jone PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Dr. Edwin Jensen NAME (Type) Prince Geo. General Hosp., Cheverly, Md. NAME OF CEMEJERY OR CREMAIDRY 23d. LOCATION (City or Tawn) 23o. BURIAL CREMATION. 23b. DATE (County) (State) Burial Union Wesley Methodist Church Upper Marlboro. 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Md -VR A15 (4) 30M REV. 1/68 Funeral Home-4001 Benning Rd., NxE. JUN 21 1968 Stewart

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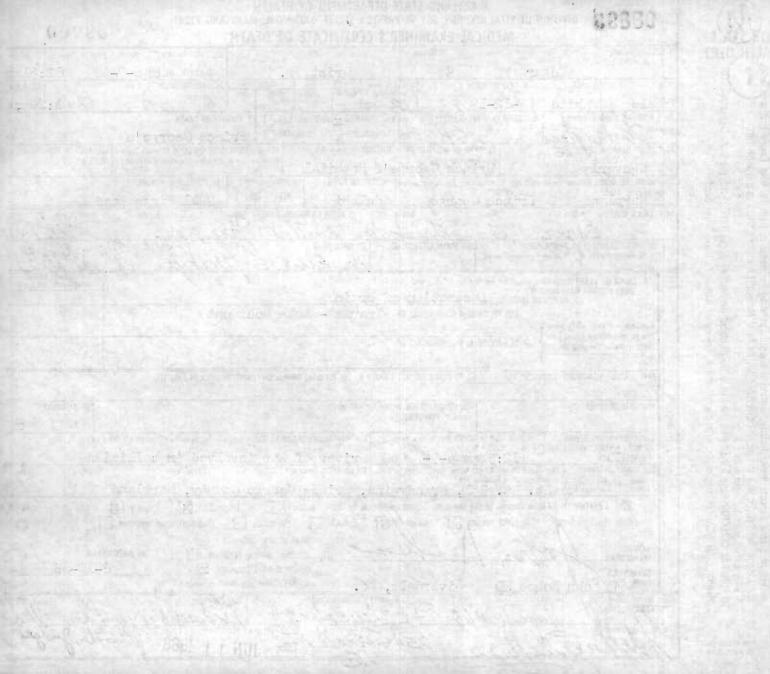
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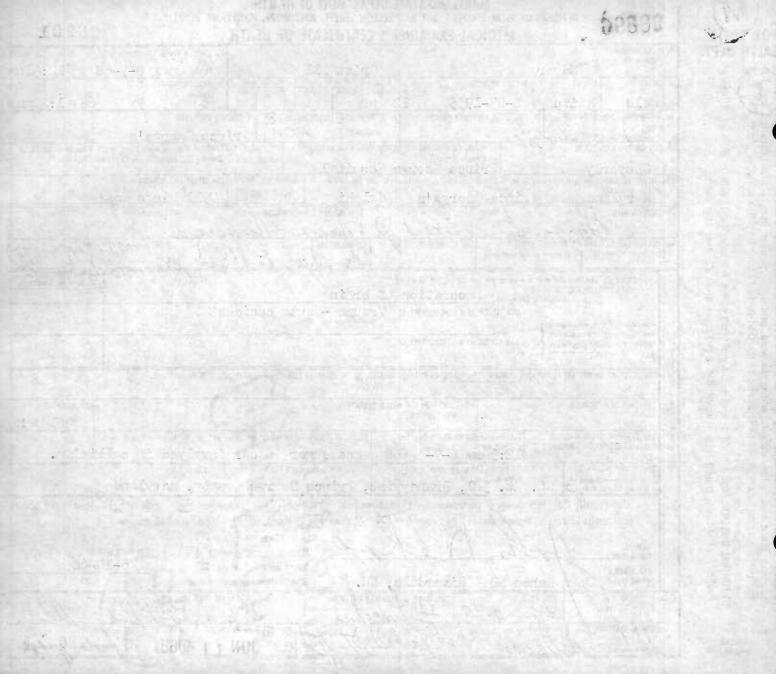
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NEWS COLUMN

(11)	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08880
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month	Doy Yeor 2b. HOUR
.≈. ₽ ₽	(Type or Print) Edgar E Grist Jr. Death Mated \$\overline{\text{C}} 6-9-\$	
men men	3. S	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
ob y de		Male White 8-12-1935 32 YRS 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	6819 1:20amm
J. 2, 1, 2, 2, 1, 2, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		BIRTHPLAGE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
farm,		WIDOWED DIVORCED Prince George's	Md.
after death any de 8. Give Pages 1, 2, and along with form PM. with the State Departm leath.	16	CITY OR TOWN OF DEATH 6. Cheverly 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress) Prince George's Hospital 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
s after 18. Gir along with death.	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN dmission) STATE LI3b, COUNTY Mary Land Prince George Adelphi 13d. IMSIDE CITY LIMITS? YES \(\text{INSIDE CITY LIMITS?} \) 7911 Riggs Ro	
hours them 18 Office 1 and 2 after d		Maryland Prince George Adelphi YES NO 7911 Riggs Ro	ad
24 hours in Item r's Office es land2 rrs after	11.	AND THAT THE MINDS AND THE MIN	Clost
hin 24 ncil in niner's pages hours	160.	WAS DECEASED EVER IN US. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANY) ADDRESS	Til Desi
This certificate should be executed within 24 hours cate, writing the ward "pending" in pencil in Item I be forwarded to the Chief Medical Examiner's Office be used as a burial-transit permit. File pages I and 2 ir remayal, and in any event within 72 hours after d	0	(es, no, or unknown) (If yes give wor or dates of service) This Edge E. Hear Jr. P.J.	stell ble
be executed "pending" in nief Medical E. nnsit permit. F event within	5	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
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ef Nentsit properties		Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Trauma — auto accident	
ould by ward 'he Chi		rise to immediate couse (o), (b)— Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
certificate should be e writing the ward "per rwarded ta the Chief I Ised as a burial-transit naval, and in any even		lost. (c)	
s certificate she, writing the forwarded ta		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
rifica iting arde arde od, c	NO	6164	
nis certific ate, writin e forward be used a remaval,	CERTIFICATION	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
tificate, tificate, ld be for ould be u or rem	ERTIF		YES NO NO
## # # 9 9		PRIMARY FOTOR CONTRIBUTING THE HOUR A.M.	
INE e ce shar files 3 sh ratio	MEDICAL	CAUSE OF DEATH 12:30 Mm 6-9- 1968 Driver of car involved in collis 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. (ity or Town	County State
E to a to		WHILE NOT WHILE St. Rt. 381. Brandywine, Prince George County, Maryland	
L EX kecut Pag far y R: Po ial,		22a. I certify that I taak charge of the remains described abave, held an Autapsy , Inspection , Inquiry	
4 0 1 9 E	100	death resulted fram: Natural couses Accident , Suicide , Hamicide , Undetermined manner	
please I direct retaine	100	CHIEF MEDICAL EXAMINER	
JIY DIC, please e eral directal be retained RAL DIRECT priar ta bu		ACTUAL SIGNATURE	
DEPU scessor ee fune may b FUNER		CARIMICER 7 /T	6-10-68
TO DEPUTY necessary, the funera 5 may be TO FUNERAI Health pr	030	annu de von	(San) (San) (San)
- 2	200	REMOVAL (Specify)	(County) (State)
do	24.	FUNERAL DIRECTOR ADDRESS 1258 REC'D BY REGISTRAR 256. REGISTRATES S	SIGNATURE QUELLE
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(M)	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08901					
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20, DATE KNOWN Month	Doy Yeor 2b. HOUR					
2000		Edgar E Grist III DEATH MATED \$\overline{E} 6-9-	68 112 31am					
3. P 3. P	3. 5	lost birthday) MONTHS DAYS HOURS MIN	2d. HOUR					
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ages ages th fo	10. 0	ITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done)	Md. 12b. KIND OF BUSINESS OR					
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s after 18. Give alange alange with death.	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER						
urs in 18 d2 v d2 v		mission) State New Yes No 7911 Riggs Ro						
hin 24 haurs after death any delay nail in Item 18. Give Pages 1, 7, and 3 niner's Office along with form PM3. Papages 1 and 2 with the State Department haurs ofter death.	14. 1	ATHER'S NAME First Middle Losy 15. MOTHER'S MAIDEN NAME First Middle Second Middle M	Lost					
hin 24 ncil in niner's pages haurs		WAS DECEASED EVERAN U.S. ARMED FORCES? 166' SOCIAL SECURITY NO. 17. INFORMANT	V frances Pas					
d within pendumbers Examin File po	(Y	es, no, or unknown (If yes give war or dates of service) Mrs. Editar & Elitar 18.	DATE TO					
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e ex pend if M sit p		DUE TO, OR AS A CONSEQUENCE OF Trauma - auto accident Conditions, if ony, which gove)						
Id by Chie		rise ta immediate cause (a), (b)						
shauld be executed ne word "pending" in ony event within on the chief medical buriol-transit permit.		last.						
INER: This certificate shauld be executed within 24 haurs after death e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with form files. 3 shauld be used as a buriol-transit permit. File pages 1 and 2 with the State De action, ar removal, and in ony event within 72 haurs ofter death.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)						
his certificate ate, writing the farwarded to be used as a removal, and	NO	2164						
is certific te, writin farward farward e used a removal,	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?					
AL EXAMINER: This execute the certificate, or. Page 4 shauld be fall far yaur files. TOR: Page 3 shauld be uurial, cremation, ar ren	CERTIF	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, In	YES NO NO					
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bical Examiner: The execute the certification. Page 4 shauld be ined far your files. RECTOR: Page 3 shauld a burial, crematian, ar		AT WORK AT WORK St. Rt. 381, Brandywine, Prince George County, Maryland						
ICAL E executor Page ed far CTOR: Purial,	1	22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinian						
bic, se ectar ined ined a bu		death resulted fram: Natural causes . Accident . Suicide ., Hamicide ., Undetermined manner						
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ary, nera be be pri		SIGNATURE MEDICINE ENVIRONE	10-68					
necessary, please exect the funeral director. Pa 5 may be retained far TO FUNERAL DIRECTOR: Health prior to burial,		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)						
5 + 2 D H	2 3a.	BURIAL CREMATION, 23b DATE 23c NAME OF LEMETERY OF CREMATORY AND LOCATION (City profough)	(County) (State)					
8	24	1 June 11-68 The Leverton Medaustice of 1 Her	MALLINE .					
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08903 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN STI-2b. HOUR delay i. ind 3 ta Page (Type or Print) B5 mm o William DEATH MATED IX 6-2 the State Department 6. AGE (In years IF UNDER 24 HRS. 3 SEX 4 RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 2, and PM3. F 8 June 1924 68199 · 1.5 pm M White o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Give Pages 1, the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 shauld be forwarded to the Chief-Medical Examiner's Office along with form WIDOWED DIVORCED Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dang 12b. KIND OF BUSINESS OR during most of working the day thether hast. Mar. Ins. give street address) INDUSTRY Cheverly Prince George Hospital 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER and 2 with 13b. COUNTY odmission) STATE in Item 18. YES NO 800 Riverton George Bowie 24 hours after 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Ricker Benjamin pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT AURISO Riverton Lane executed within (Yes, no, or unknown) (If yes give war or dates of service) 209-12-2489 Mrs. Barbara Sowie File 72 within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Heart failure minutes event DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease burial-transit Conditions, if ony, which gave rise ta immediate couse (a). any certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse L PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal, used CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO TO pe YES [21o. EXTERNAL CAUSE WAS 5 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE O burial, 220. I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry X ond in my opinion the funeral directar. deoth resulted from: Natural couses X Accident Suicide Homicide Undetermined monner prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, town, ar county) John Kehoe MD Riverdale, Md. 50 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) 1968 New Rosemont Cemetery Bloomsbura Penna-24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb.

Inc. 8434 Ga. Ave. S.S.

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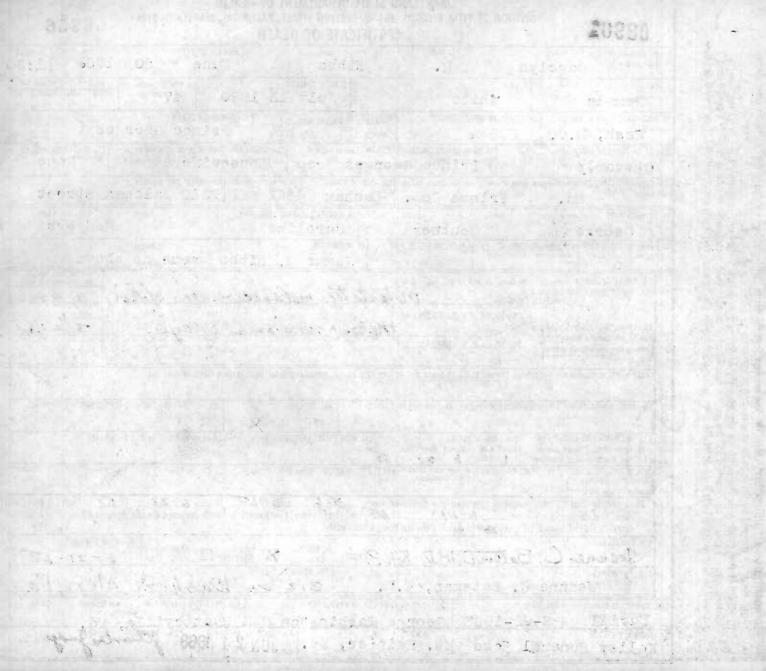
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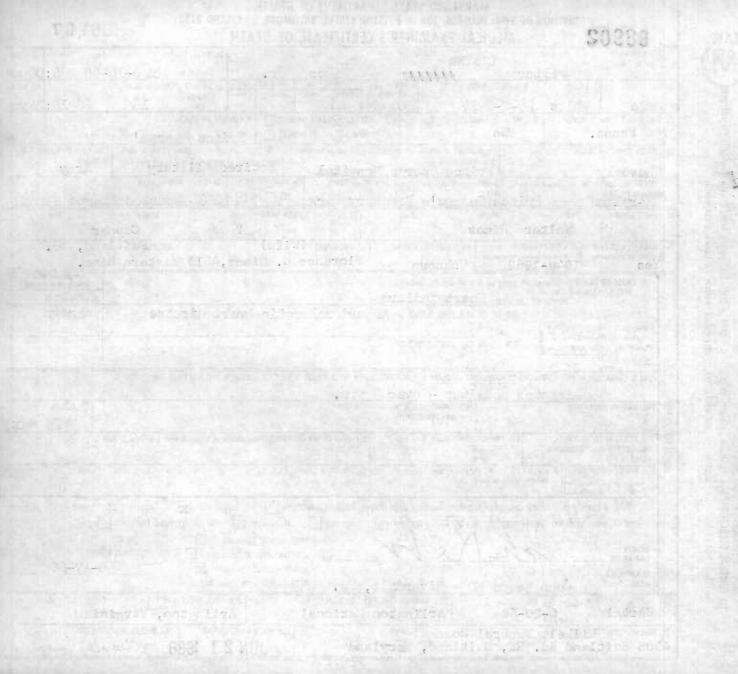
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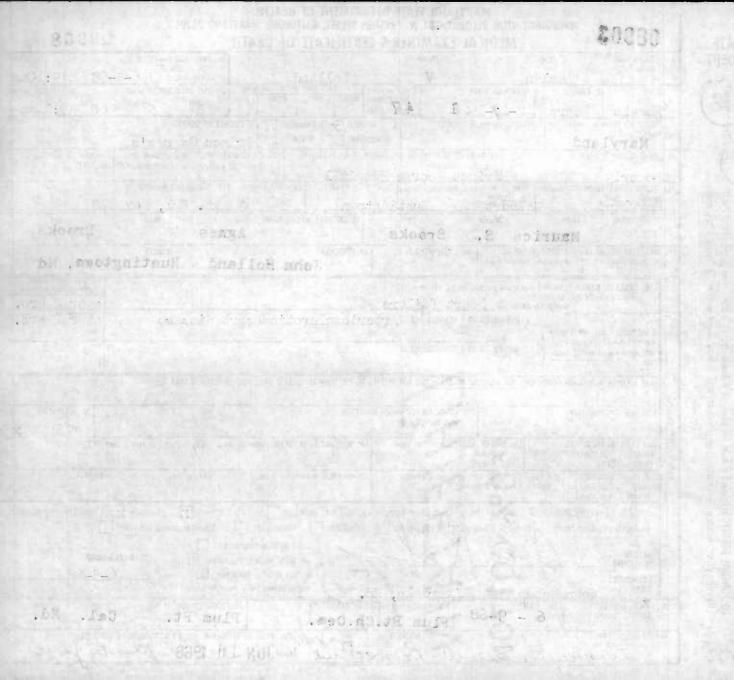


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 38907 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. DECEASED-NAME First Middle 20. DATE KNOWN Manth Year 2b. HOUR LISTER (Type ar Print) ESTIny delay is 2, and 3 ta PM3. Page Walter 6-16-68 DEATH MATED TO 194: 100 mm Himes IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 681910:24pmm Male White 9-2-1917 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Penna. USA WIDOWED | DIVORCED | Prince George's Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR after death give street address) dwing most of working life, even if retired.)
Retired Military INDUSTRY Prince George Hospital Army Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Prince George's Bradbury Park YES NO 2010 Houston Avenue 24 haurs Item 1 shauld be forwarded to the Chief Medical Examiner's Office after and 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle Walter Himes Capner = pages haurs 17. INFORMANT (Wife) ADDRES Suitland, Md. 16h SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) 1940-1962 Florence C. Himes, 4818 Eastern Lane. Unknown APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART 1. DEATH WAS CAUSED BY: 'pending" IMMEDIATE CAUSE (a) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown burial-transit Conditions, if any, which gave rise to immediate cause (a). any e This certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 Diabetes mellitus - over 3 yrs. remaval, CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, YES 🖂 NO TH 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A M. burial, crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At hame, farm, street, City or Town County Stote factory, affice building, etc.) WHILE NOT WHILE 220. I certify that I taak charge of the remains described above, held an Autopsy , Inspection x Inquiry X and in my opinion death resulted from: A Natural Causes XX Accident . Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6-17-68 DEPUTY MEDICAL EXAMINER CX Health **EXAMINER'S** may ADDRESS(Street, city, tawn, ar caunty) NAME (Type) Riverdale, Md. Kehoe MD 23c. NAME OF CEMETERY OR CREMATORY 0 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, DATE REMOVAL (Specify) 6-20-68 Arlington National Arlington, Virginia 24. FUNERAL DIRECTOWilhelm Funeral Home 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 4308 Suitland Rd. SE, Suitland, Maryland 1968 10M REV, 1/68

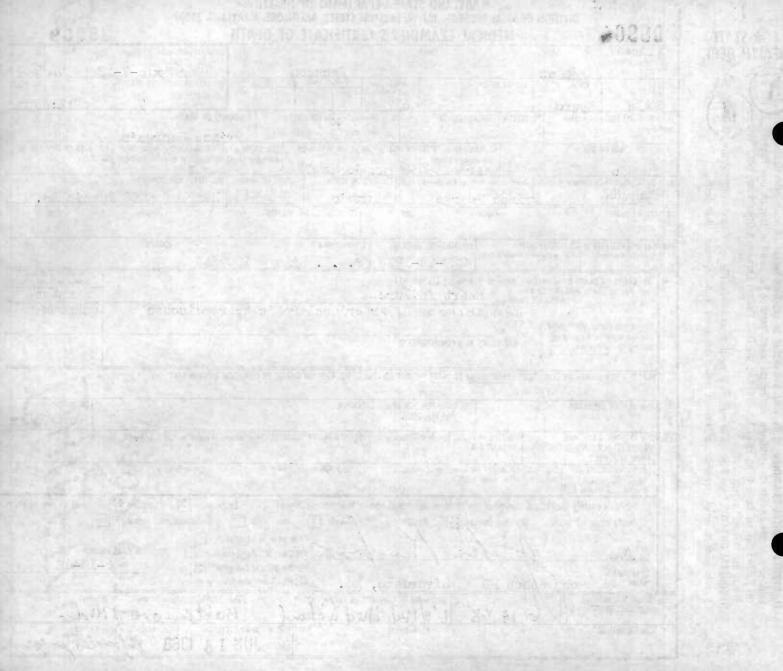
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 38998 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Inst 20. DATE KNOWNE Month Day Year 2b. HOUR (Type or Print) ESTI-19 9 - 1 Oamm PM3. Poge Heler Holland DEATH MATED delay i AGE (In years IF UNDER 24 HRS. 3. SEX 4. RACE S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR pup 199:10am M Negro Fema.le 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED (duntry) Maryland DIVORCED [WIDOWED [Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ofter deoth With during most of working life, even if retired.) **INDUSTRY** give street address) Give Cheverly Prince George Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? with 13e. STREET AND NUMBER alon 13b. COUNTY YES NO Huntlingtown Box lond 2 24 hours in Item 1 4 should be forwarded to the Chief Medical Examiner's Office ofter Middle 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Middle Brooks Brooks Agnes S .. Maurice pages haurs ADDRESS Huntingtown, Md 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil John Holland (Yes, na, ar unknown) Fie APPROXIMATE INTERVAL . ⊆ executed within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (0) Heart failure over 2 DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease over burial-transit Canditians, if any, which gave rise ta immediate cause (a). ony certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause _= puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 50 or removol, CERTIFICATION used 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. NO Est This pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, EXAMINER: CAUSE OF DEATH PM 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At hame, farm, street, City or Town County State foctory, affice building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy ... Inspection . Inquiry to and in my opinian death resulted fram: Natural causes XX Suicide Homicide | Undetermined monner Acciden CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 moy b ro FUNER Heolth **EXAMINER'S** ADDRESS(Street, city, tawn, ar caunty) NAME (Type) Riverdale. Kehoe MD John BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Md. 9-68 REMOVAL (Specify) Cal. Plum Pt Plum Pt.Ch.Cem. 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR . 25b. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN 2b. HOUR Yeor (Type or Print) ESTI-19/1:00 AM DEATH MATED 6-7-68 James Jackson IF UNDER 24 HRS. 3 SEX 4 RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR S. DATE OF BIRTH HOURS Male Negro YRS. 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? country) ward "pending" in pencil in Item 18. Give Pages 1, the Chief Medical Examiner's Office alang with form DIVORCED Prince George's Give Pages the Stat 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street oddress) Tuxedo Rear of 5050 Tuxedo Road 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13b. COUNTY George YES NO Rear of 5050 Tuxedo Tuxedo Rd and 2 after 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle .= haurs pages 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) F.B.I. File # 1007548 229-26-1238 File APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH within executed 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY Heart failure minu es IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease event unknown burial-transit Conditions, if ony, which gove rise to immediate couse (a). any certificate shauld the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 2 the certificate, writing the 4 shauld be farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 remaval. used 20. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? the certificate, YES [NO TE pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 shauld 6 PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK burial 22a. I certify that I took charge of the remains described above, held an Autapsy ... Inspection [X] Inquiry X, and in my apinian funeral directar. death resulted fram: Natural causes Accident &vicide | Hamicide Undetermined monner CHIEF MEDICAL EXAMINER priar ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE 6-10-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health John Riverdale. Md. ADDRESS(Street, city, town, or county) NAME (Type) Kehoe MD 50 23o. BURIAL REMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) .6X 0 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5 10M REV. 1/68



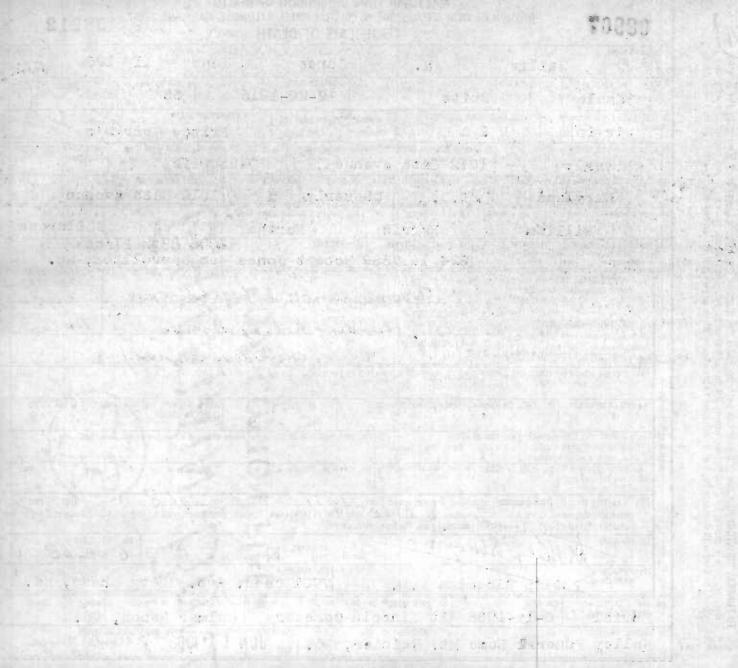
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL BECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	Item7a, b, FilmG402 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWNED Manth Doy Year	2b. HOUR
oy is 3 ta sont of ent of	(Type or Print) Henry Nathaniel Johnson DEATH MATED 6 20 168	pM
deloy	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years let Work 1 YEAR IF UNDER 24 HRS lest bierholdy) MONTHS DAYS HOURS MIN. MONTH 6 Day 20 Year 10 6	2d. HOUR
À CA	Maje W May 30 1954 14yrs. Month 6 Pay 20 Teor 19 6	Фр м
TE B	County A., Md. WIDOWED DIVORCED Prince George's	Md
deoth ye Pages with the State	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUS	INESS OR
the the	Riverdale Leland Memorial Hospital	- 1144 1
s ofter deoth 18. Give Pages along with he adoth.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UMNTS? 13e. STREET AND NUMBER 13b. COUNTY Anne Arundel Glen Burniers NO 611 Hollins Ferry R	d.
ifter 1	14. FAPMER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost	1
4 = 0 = 5	James C. Johnson Ser Edit Juner	
nould be executed within 24 hours word "pending" in pencil in Item I the Chief Medical Examiner's Office rial-transit permit. File page 1 onto event within 72 hours offer a	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes graphs or dates of service) (If yes graphs or dates of service) (If yes graphs or dates of service)	
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ef M ef M sit p	Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Skull fracture.	
ould b word ' he Chi ial-trar	rise to immediate couse (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be executed to word "pending" in the Chief Medical burial-transit permit.	lost. (c)	
nd the	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certificate, writin forword to used o removal,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPS YES 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
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#	PRIMARY TO OR CONTRIBUTING 5:30 P.M. 6 20 68 Passenger in truck which overturned [21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street. 21f. LOCATION Street or R.F.D. No. City or Town County	
N o 3 ± St o ✓		State
o DEPUTY DICAL EXAMINER: necessary, please execute the certifie funeral director. Page 4 should 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be	AT WORK LIAT WORK X Street Bond Mill Rd. Laurel 1.5	Md.
AL Dexector. Por I for I	220. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [X], Inquiry [X], and in m	ny opinion
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y, pleading of the prior to pr	ACTUAL SIGNATURE	
PUT sary, unercy be V be VERA	DEPUTY MEDICAL EXAMINER \(\sqrt{6-21-68}	
o DEPUTY necessary, in the funeral 5 may be r o FUNERAL	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
0 = = 2 0 ±	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (SPECIFY) (G-25-63 Mt. Aub, no Common (County) (SPECIFY)	state)
	24. FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR CO 25b. RECID BY RECIDE BY REC	ge.
VR A15ME (5) 10M REV. 1/68	Khony O. Welson 1000 Brantly And. DATE SUIT DATE	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08911 CERTIFICATE OF DEATH Lost 2g. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME Middle burial-transit permit. Then please remave carbon papers. Pages L and burial, crematian, ar remaval, and in any event, within 72 hours after death (Type or print) Month 1968 eor Reathie M. Johnston 9:05 AM June 4. RACE S. DATE OF BIRTH IF LINDER | YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years last birthday) HOURS Caucasian 11/4/1892 Female and campletely filled in by requires that the death certificate be executed within 24 hours, 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Pa. U.S.A. Prince George's WIDOWEDXX DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital IN CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Prince Geo.Gen'l Hospital during most of working life, even if retired.) INDUSTRY Cheverly 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland Prince George's YES X NO Lanham 7400 Lois Lane 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Last Charles T. Riley Clara Blubaugh attending physician termit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes (ga, ar unknawn) 223 50 5041 Irene Francis Same as #13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: signed by the attendir burial-transit permit. MMBDIATE (AUSE (a) Cardiac failure with bilateral pulmonary edema, marked. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) (b) Coronary arteriosclerosis, marked, with myocardial rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF fibrosis. be retained by the hospital ar attending physician. stating the underlying cause (Bronchial Asthma (Clinical). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health priar to TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while ot work 22a. I certify that (I) (this cospital) attended the deceased from June 7, 1968, to June 25, 1968, that (I) (two) last saw the deceased alive an June 25, 1968, and that in (my) county apinian death accurred an the date and haur and from the causes stated above, (I) (xxx) (did) (did) (did) (did) (view the bady after death. director, page 3 shauld be should be filed with the Stat 22c. DATE SIGNED 22b. SIGNATURE XXX MED. STAFF PHYS. June 25, 1968 DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Prince George's General Hospital Cheverly Tomas Hernandez, M. D. (County) Marrya and 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE B REMOVAL (Specify) Pennsylvania 6/28/68 Waynsboro Green Hill 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 1968 Francis Gasch's Sons Hyattsville, Md.

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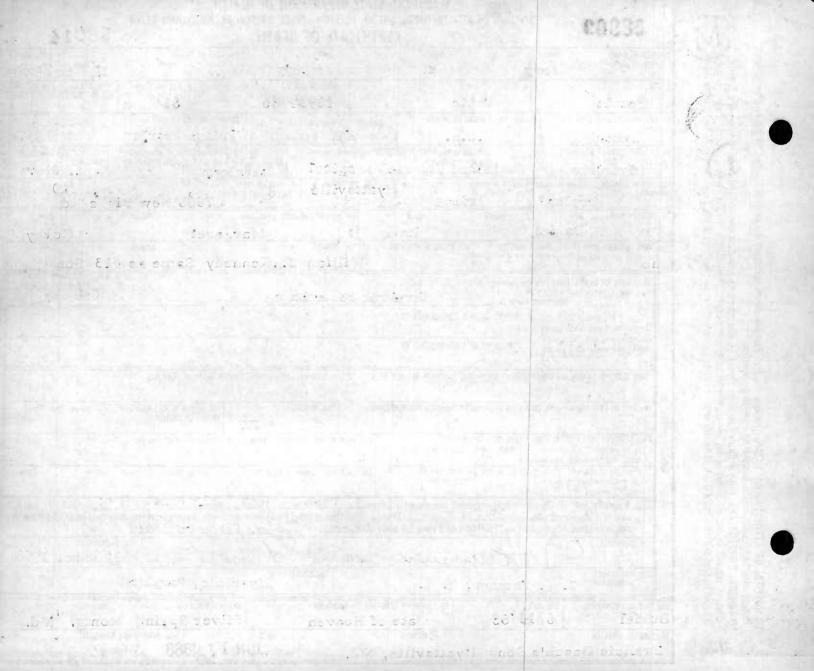
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08913 Item7a, b, FilmG402 7 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN (Type or Print) Kembell ESTI-Fred 3 ta DEATH MATED 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 4 aug 1916 M Negro 7o. BIRTHPLACE (Stote or foreign / MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country South Carol. Office alang with farm U.S.A. Prince George 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) Prince George Hospuring most of working life, even if retired.) Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 1533 8th St., M.W. Washington YES XNO 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) APPROXIMATE INTERVA any event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) the certificate, writing the ward "pending" at should be forwarded to the Chief Medical permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Laceration of brain DUE TO, OR AS A CONSEQUENCE OF 29 days Trauma-struck by car Conditions, if any, which gove rise to immediate couse (o), certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Fractures rt tibia fibula, and femur. CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OL 21b. TIME OF INJURY Month, Doy, Yeor 210. EXTERNAL CAUSE WAS 3 shauld PRIMARY OR CONTRIBUTING burial, crematian, Struck by a car. CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. City or Town 21e. PLACE OF INJURY (At home, form, street, County Stote Rt 495 nr rt 214 Prince George Md rural 22a. I **certify** that I taak charge of the remains described above, held on Autapsy , Inspection X Inquiry 🛣 and in my opinian death resulted from: Natural causes Accident X Suicide [Homicide Undetermined manner 5 may be retained TO FUNERAL DIREC Health priar to b CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER John Kehoe, M.D., Riverdale, Md. **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) 230 BURIAL TREMATION. 23d. LOCATION (City of Town) REMOVAL (Specify) 250. REC'D BY REGISTRAR 68 24. FUNERAL DIRECTOR B. I. of hur Wash. D. dogstUL VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08909 CERTIFICATE OF DEATH 08914 DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR 24 hours after death (Type or print) Mary K. Kennedy 3. SFX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years White 11/9/06 Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.S.A. WIDOWED CXIX DIVORCED Prince Georges Ireland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) arban during mast af warking life, even if retired.) INDUSTRY Riverdale Dept. Store 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 113c CITY OR TOWN 12d COUNTY COUNTY 113b COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed Apt 210 the attending physician and complete sit permit. Then please remove c 13b. COUNTY. YES X NO Prince Geo. 7888 New Riggs Rd burial, crematian, ar removal, and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Last Last Daniel Brady Margaret Curry 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) (If yes give war or dates of service) William J. . Kennedy Same as #13 Son 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Cerebral hemorrhage One day IMMEDIATE CAUSE (o) ___ DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove signed by the burial-transit p rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) Page 4 may be retained by the hospital or attending as the has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING be detached far use as State Dept. af Health prio CAUSES OF DEATH? YES 🗍 NO MIX 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Day Year (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn State County While Nat while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased fram <u>LL June</u>, 1950, ta <u>L2 June</u>, 1950, that (I) (we) last saw the deceased alive an <u>L2 June</u> 1950, and that in (my) (our) apinian death occurred an the date and have and fram the director, page 3 should Shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the body after death. Dr. Kehoe notified 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. 12 June, 1968 DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS Riverdale, Maryland NAME (Type) C. J. Houmann, M. D. 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BurEMOVAL (Specify) 6/14/68 Gate of Heaven Silver Spring Montg. Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS JUN 17 1968 Francis Gasch's Sons Hyattsville, Md.



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FOR STATE HEALTH DEPT. delay is mer PM3. Page TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of 8. Give Pages glong with fa This certificate should be executed within 24 hours after death Health priar ta burial, crematian, ar remaval, and in any event within 72 hours after death. in pencil in them the funeral directar. Page 4 should be farwarded to the Chief Medical Examiner's necessary, please execute the certificate, writing the word "pending" DICAL EXAMINER: 5 may be retained far your files.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

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₹ 2	1d. INJURY OCC	URRED 21e.	PLACE OF INJ	URY (At home	, form, stree	et,	21f. LOCATION				,	ar Tawn			unty	State
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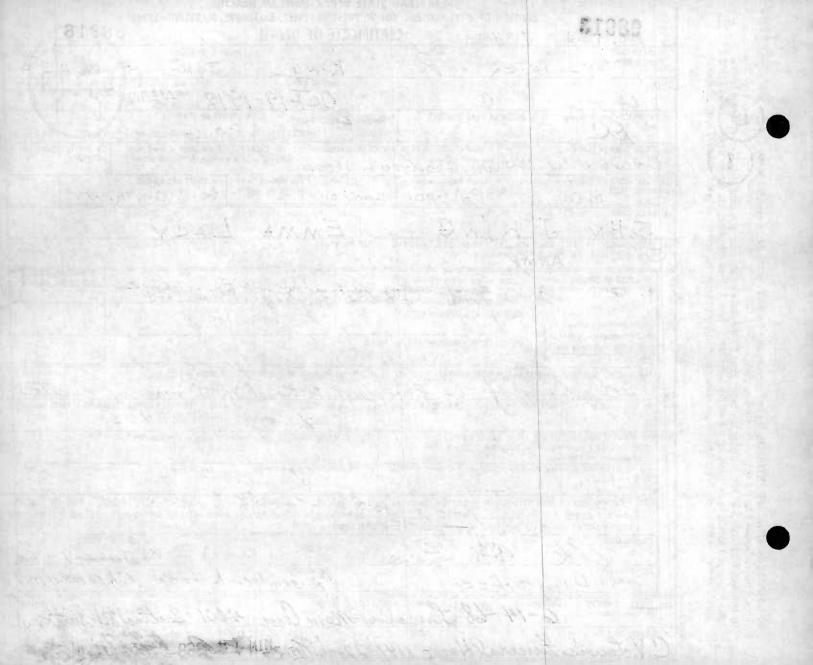
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		22b. SIGNATURE). +	Toursen			MED.	STAFF PHYS.	22c. DA 6-7	TE SIGNED	
1		22d. PHYSICIAN'S NAME (Type) C.	J. Houn	mann, M.D.		22e. ADDRESS 4404 Que			iver	dale, M	ld.
1	23a.		23b. DATE		CEMETERY OR CREMA	N CEM	COLM.	ON (City or Town	SNOR	(County)	(State)
S. D.	24.	FUNERAL DIRECTOR	1.1	14 ADDRES	papin 3		N 1 1 1	2Sb. REGIS		GNATURE	400.

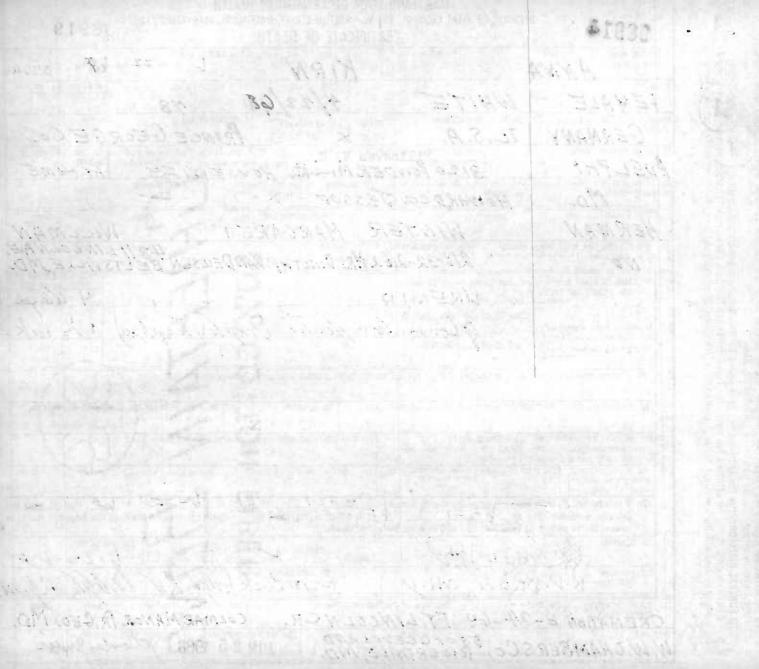
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CIA Dital Hifico Hifi Hifi Hifi Hifi Hifi Hifi Hifi Hif	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) P.M. 19	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill director, page 3 shauld be detached far use as the burial-transit permit. Then please remove cabon perhaps should be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, with	WE	21d. INJURY OCCURRED While Not while at work a	3
ING by t ffer be d		22a. I certify that (I) (this haspital) attended the deceased from JUNO 8, 1968, ta Sunc 8, 1968, that (I) (we) la saw the deceased alive an Sunc 8, 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the	st
END ned uld the S	10	saw the deceased alive an	10
ATTA ATTA CTO share in the training of training of the training of tra		22b. SIGNATURE 22c. DATE SIGNED	-
OR be red w		OLE DEGREE PHYS. MED. STAFF June-9-68	
TO HOSPITAL OR ATTENDING Page 4 may be retained by the forest of the director, page 3 should be dishauld be filed with the State		22d. PHYSICIAN'S NAME (Type) U.K. Ho Lee PR. Geo. Gen'L Hosp. Cheverly md.	
HOS Fun Fun Fun	230,	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	_
5- 5-2		of Jencoln Man and Saletney of Sulling	_
VR A15 (4) 30M REV, 1/68	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 256. REGIS	
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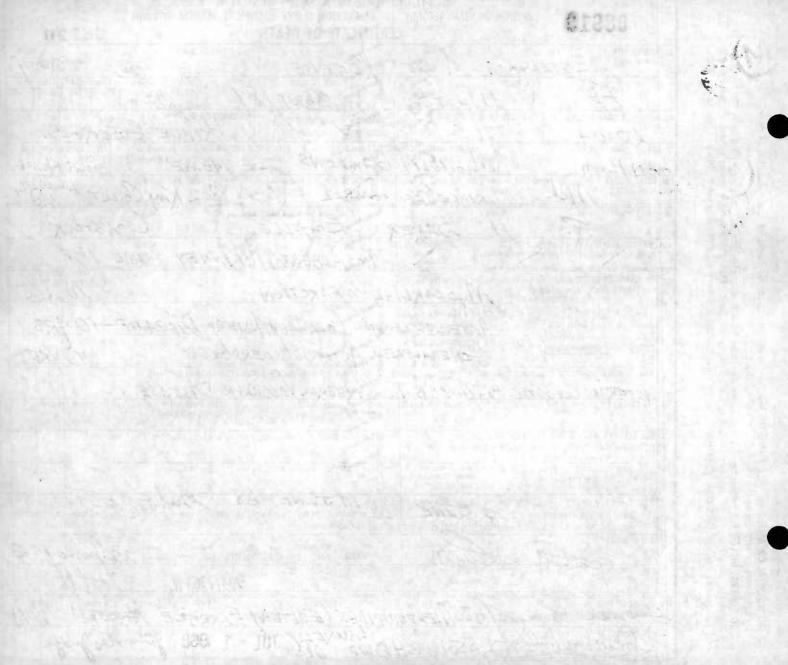


		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYL CERTIFICATE OF DEATH	AND 21201	0891	9
		DECEASED-NAME First Middle Lost 20. DATE OF DEA	Month ZZ Doy	y (Preor	2b. HOUR 5.50 A M
	3. SE	FEMALE WHITE 4/22/90	AGE (In years ast birthdoy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HDURS MIN.
	caur	CERMANY U.S.A. WIDOWED DIVORCED PRINCE	= GEOI	RGE	Co. Md.
90	A	CITY OR TOWN OF DEATH 11. NAME OF HOSPIFALOR WSTITUTION (If not in hospital give street address) 12. NAME OF HOSPIFALOR WSTITUTION (If not in hospital during, most of working life, HOUSEW)	even if retired.)	12b. KIND OF I	BUSINESS OR
13	admi	nissian) STATE MD. 13b. COUNTY WARD CO. JESSUP YES NO	AND NUMBER		
13 2	1	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First HERMAN WINTER 15. MOTHER'S MAIDEN NAME First MARGARET 16. SOCIAL SECURITY NO. 17. INFORMANT	Middle	WILLI	MAN
, is		Yes, no or unknown) (If yes give war or dates of service) 2/8-32-2162 MRS, DOROTHY VANDEUSE	N BEL	TSVILLI APPROXIA	EMD.
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IREM IR		BETWEEN DI	AND DEATH
		Canditions, if any, which gave rise to immediate cause (0). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (0).	Eighray	1/2	nk.
		stating the underlying couse DUE TO, OR &S A CONSEQUENCE OF ast. Column Col	DADT 1/ A		
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2	CERTIFICATION	YES NO 🔀 CAUSES OF			KIIFYING
	MEDICAL C	□DR CONTRIBUTING □ CAUSE DF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19			
		While Not while of work of work		County	State
		22a. I certify that (I) (this hospital) attended the deceased fram 2 1, 19 1, ta saw the deceased alive an 19 1, and that in (my) (sw) apinian death accurates stated above, (I) (me) (did) (did not) view the body after death.	irred an the do	ate and haur	and fram the
			TAÈF 🔲 22c.	DATE SIGNED	62
1	1	22d. PHYSICIAN'S NAME (Type) R.D. Bauer M.D. 22e. ADDRESS Buck foolge	RW. L	rolefuly	P. A. MI
1	1	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C REMOVAL (Specify) B - 24 - 68 FT. L/NCOLN CR. COLMAR	MANOR	1111	, MD,
M	4	FUNERAL DIRECTOR L.W. CHAMBERS CO. 5801 ADDRES EVELAND LAND 250. REC'D BY REGISTRAR DATE JUN 25 196	25b. REGISTRAR'S	res Jus	ye.

MAKILAND STATE DEPAKIMENT OF HEALTH



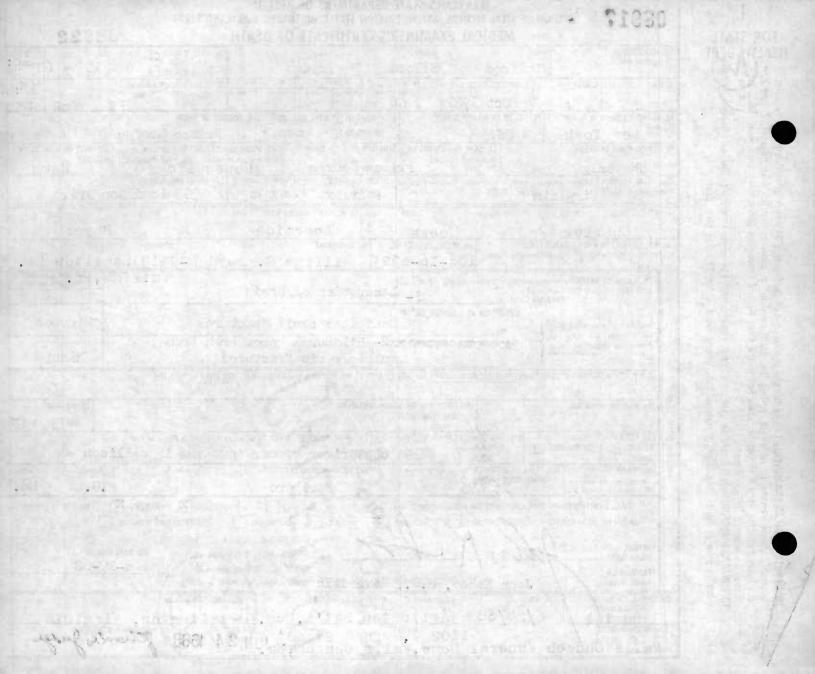
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41 5° E		CEASED-NAME Firs	t	Middle	Last	2a. DA	TE OF DEATH		2b. HOUR
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d ca mov my e	14. [ATHER'S NAME First	Middle	Last	15. MOTHER'S MAII	DEN NAME First	Midd		Lost
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physician and caren please removed, and in any e	Y	es, na, or unknawn) (If yes give	war or dates of service)	"	MRS ALBEH	TA//LOKI	NNEY 54	ME 13E	
ng F The		18. CAUSE OF DEATH (Enter of		ne far (a), (b), and (c	1) 1			APPROXIMATE BETWEEN ONSET	AND DEATH
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affi perr perr		4109		AS A CONSEQUENCE OF		. 1.	· 5'-	- 10.1	20
that th an. by the transit cremati		Canditions, if ony, which gave rise to immediate cause (a)	(b) 272	STERIUSCH		ary/fatek	Y DISEAS	EIOYA	2
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equires th physician signed by burial-tra burial, cre		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBU			DISEASE OR CONDITION	GIVEN IN PART 1(a)	107	
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The atte	CERTIFICATION				YES 🗀	NO 🗆	CAUSES OF DEATH?		
ICIAN: The oital ar attrificate had for use of Health		21a. ACCIDENT WAS UNDERLY			21c. HOW INJURY OCCU	RRED (Enter noture of	of injury in Port 1 or Po	rt 2, Item 18.)	
Pital Potential	MEDICAL	OR CONTRIBUTING CAUSE OF DE	niner) P.M.		9	The layer			
OR ATTENDING PHYSICIAN: The law rebe retained by the hospital ar attending JIRECTOR: After this certificate has been e. 3 should be detached for use as the ed with the State Dept. of Health prior to	M	21d. INJURY OCCURRED 21. While Not while	e. PLACE OF INJURY	AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street	ar R.F.D. Na.	City ar Tawn	Caunty	State
the det		at work at wark	1: 1 1) -41	and the decision	of the A	1068	277.1	10 65 thes (1)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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OR: oulc		causes stated abov	ve, (I) (we) (did)	(did not) view the	body after death.	, , ,			
may be retained RAI DIRECTOR: A page 3 should be filed with the	- 4	22b. SIGNATURE	7 4	//	ATTENDING	MED.	STAFF	22c. DATE STONED	1019
L OR I be re DIRE		22d. PHYSICIANS	1 0%	with	DEGREE PHYS.	DIRECTOR	LJ PHYS. LJ	2 June	1700
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		NAME (Type)			ZZE. ADDRI	1 4	NHAM	Md.	-
D HOSPI Page 4 n Funer director,	23a.		DATE /	23/1/IAME OF	CEMETERY OR CREMATORY	23d. 10	OCATION (City or Town)	(Caunty)	(State)
9 5 5 5 6 B	6	MOVAL Specific	yel 20/6	8 ///EAD	OWRIDGE (EMI	STERY EL	KRIDGE, A	focuapel	11/0-
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deloy 3	3. S	4. RACE White	S. DATE OF BIR		6. AGE (In years last birthday)	MONTHS DAYS		AC. PAI	PRONOUNCED DEA	6 Y	eor 1968	2d. HOUR	
- E	7o.	BIRTHPLACE (Stote or foreign try) Wash., DC	76. CITIZEN OF WHUSA	AT COUNTRY?	8. M	ARRIED NEVER A	MARRIED 9	Princ	DEATH e George			Md	
thours ofter deoth litem 18. Give Poges Office olong with for land 2 with the State offer deoth.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 120. USUAL OCCUPATION (Kin									ed.) INDUS	12b. KIND OF BUSINESS OR INDUSTRY		
ofter 18. Giv olong olong with t deoth.	130.	USUAL RESIDENCE (Where dece	osed lived, if institu 13b. COUNTY P	tion: Residence	before 13c. CII Gre	or Jown enbelt	13d. INSIDE CITY DAM	13 9 t3e. 5ft	EET AND NUMBER	a xbaro	o posts	1/30/2	
24 hours often in Item 18. Giris Office olong ss land 2 with rs offer deoth	14. F	ATHER'S NAME First John W.	Middle Lamkin		Lost	Is. MOTHER'S M		First	Middle		Lost		
within 24 pencil in xominer's ile pages 72 hours		WAS DECEASED EVER IN U.S. ARME es.no, or unknown) (If yes	FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT Fay Sa	tterfi	eld -	5815ss -	32nd	Ave		
s certificate should be executed within 24 hours offer deoth e. writing the word "pending" in pencil in Item 18. Give Pages 1, forwarded to the Chief Medical Exominer's Office along with form: used as a burial-transit permit. File pages 1 and 2 with the State permoval, and in any event within 72 hours ofter deoth.		1B. CAUSE OF DEATH (Enter	ED BY: DIATE CAUSE (o)	Intra-	cerebra	l hemorr	hage				APPROXIMATE BETWEEN ONSET		
should be ex ne word "pen to the Chief M burial-transit p I in any event		Conditions, if ony, which gove rise to immediate couse (a)	(b)	AS A CONSEQUE								66	
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= = =	MEDICAL CER	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH			оү, Уеог 19	21c. HOW INJURY	OCCURRED (Enter	r noture of inju	ry in Port 1 or Por	t 2, Item 1B.)		
3 # She	ME	21d. INJURY OCCURRED 21e	. PLACE OF INJURY (A octory, office building		treet,	21f. LOCATION Stre	et or R.F.O. No.	Cit	y or Town	Cou	nty	Stote	
bical Examiner: se execute the certivition. Page 4 should ned far your files. ECTOR: Page 3 shou burial, cremation,		22a. I certify that death resulted fram:			escribed aba	ve, held an Au	tapsy 🔀, Hamicide	Inspection Und	inquir		and in my	/ apinian	
dire dire DIR or to		ACTUAL SIGNATURE	1	m	19 u	las:	HIEF MEDICAL EX	AMINER _		DATE SIGNE	0		
o DEPUTY SICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained far your o FUNERAL DIRECTOR: Page Health prior to burial, crem			eboe M.D.	, River	dale,	Ad. D	EPUTY MEDICAL I	EXAMINER _		6*8	- 68		
TO T	23a.	BURIAL, CREMATION, 23 REMOVAL (Specify) Burial	DATE une 10-	68 Ced	ME OF CEMETER	Y OR CREMATORY	tery		N (City or Town)	(Count	.,	ote)	
VR A15ME (5)	24. S		1. 1661-Gd	. Hope	ADDRESS Rd.	Wash SE. DC	DATE JU	Y REGISTRAR	25b. REGISTR		URE	7-	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Day Year 2b. HOUR (Type or Print) ESTI-Φ0: OF Eileen Leyden Winifred 19 DEATH MATED aM delay 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR 80ct 1921 46 YRS the State Depart 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form Prince George New York WIDOWED [DIVORCED [USA Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 24 hours after death Office along with during most of working life, even if retired.) give street address) **INDUSTRY** Prince George Cheverly lousewife 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN land2 with admission) STATE Virginia 13b. COUNTY 9313 Hamilton Drive in pencil in Item 18. Fairfax YES IN NO ofter 15. MOTHER'S MAIDEN NAME Middle 14. FATHER'S NAME Last Last Lorraine Bover Charles Meeks should be farwarded to the Chief Medical Examiner's pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, na, ar unknown) (If yes give wor or dates of service) 106-16-6325 William G. Leyden-9313 Hamilton File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. "pending" Laceration of brain PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). event DUE TO. OR AS A CONSEQUENCE OF Occipital skull fractures Minutes burial-transit Canditians, if any, which gave rise to immediate cause (a). in any certificate shauld writing the ward DUE-TO-XOR AS A CONSEQUENCE OF X2 - Bilateral hemothorax from stating the underlying cause Minutez multiple rib fractures remaval, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 used CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 please execute the certificate. NO X pe 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) burial, crematian, ar 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. Driver of car involved in collison DICAL EXAMINER: 21d. INJURY OCCURRED 21f. LOCATION Street ar R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Tawn County State factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Marlboro PIG. Md. 22a. I certify that I took charge of the remains described obave, held on Autopsy ... Inspection X Inquiry K ond in my opinion Suicide . Homicide deoth resulted from: Notural causes Accident Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6-19-68 DEPUTY MEDICAL EXAMINER 5 may b TO FUNER Health **EXAMINER'S** John Kehoe, M.D., Riverdale ADDRESS(Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) REMOVAL (Specify 6/24/68 Arlington Nat'l. Cem. Arlington. Virginia ADDRESS Broad Street RECD BY REGISTRAR 24. FUNERAL DIRECTOR Obarch Funeral Homo, Falls Church Para UN VR A15ME (5) 10M REV. 1/68



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de los	ide	3. SE	Χ .	4. RACE	S. DATE OF	BIRTH	6. AGE (In ye		AR IF UNDER	R 24 HRS 2	c. DATE PROM	NOUNCED DEAL			2d. HOUR
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any 2,	Depart	70. E	IRTHPLACE (Stote	or foreign		WHAT COUNTRY?	8.	MARRIED NEVER	R MARRIED [9. COUNT	TY OF DEATH	100	8,150		
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fter de Give	death.	130.	USUAL RESIDEN	E (Where deceos	ed lived, if ins	titution: Residence			13d. INSIDE CITY	LIMITS?];	3e. STREET A	ND NUMBER			TEA C
18.	2 w dec dec	00	lmission) STATE	1/10.	18b. COUNT	P.6.	HY	ATISVILLE	YES 🔀	NO 🗆	9450	TOLER	DO 1E	CRAC	ϵ
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ed in	F. H		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)								В	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
dig.	permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) AVOKONOMO Overdose of barbiturate												
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) / Volkdow/ overdose of barbiturate DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b)															
be ''pe	eve			ny, which gove	(b)_			Marie III	0000			1707		30.55	2011
Country New Orking Jie even if rest production of the country of t										100					
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A)	D		PART 2. OTHER	SIGNIFICANT COND	ITIONS CONTRI	BUTING TO DEATH	BUT NOT RELA	ED TO THE TERMIN	IAL DISEASE OR	CONDITION	GIVEN IN PA	RT 1(o)			
certificate writing t rwarded	d as	NO	1107			In an annual				-				A ALIZA DALI	
wr Wr	used	CATI	196. CONDITION 196. CONDITION OPERATION WAS PERFORMED?							2	20. AUTOPSY?				
= = 0		CERTIFICATION	O1 EVERNIAL	CALICE IN AC	lou vine	OF INTERPRETATION	D 2	Les Heur mun	V DECUDDED II				0.1: 10.1	YES 🔣	NO 🗌
生力	3 should t		PRIMARY 20	R CONTRIBUTING [OF INJURY Month,		21c. HOW INJUR	y OCCURRED (E	inter noture	of injury in I	Port I or Port	2, Item 18.)		
INER: e certifi shauld files.	sho	MEDICAL	CAUSE OF DEAT	H			1968	Ingeste					rate	nds.	Stote
the the	age 3 shou crematian,	N	WHILE N		ctory, office bui	Y (At home, form Iding, etc.)	, street,	217. LOCATION ST	reet or K.r.D. N	0.	City or To	own	Cour	пу	21016
ICAL EXAMINER: Execute the cert tar. Page 4 shault ed far yaur files.					Home							burg			Md
Xec For	CTOR: F burial,	3			_			ove, held on	_		ection 🔀			ond in my	y opinion
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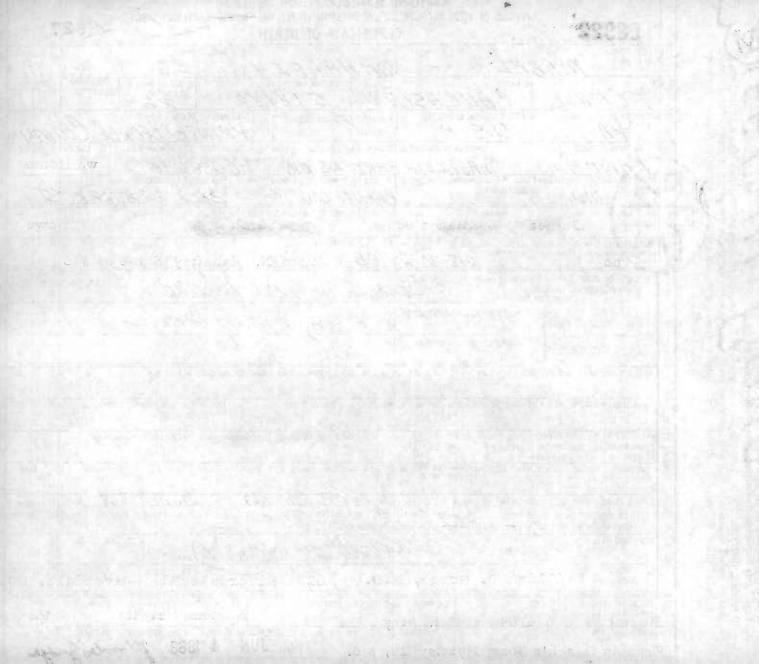
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08925 CERTIFICATE OF DEATH Marguerite OECEASED-NAME Middle Last 2a. DATE OF OEATH 2b. HOUR 9 Doy 19 Gy 80 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Luers Scins Month and (Type ar print) 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. hours after S. DATE OF BIRTH WHITE last hirthday) CIAYS HOURS June 16, 1882 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State ar fareign 8. MARRIED NEVER MARRIED Md. U.S. A. WIDOWED XX DIVORCED Prince George's filled i 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY Wn Home during most of warking life, even if retired.) give street oddress) Prince Geo.Gen'l Hospital Cheverly 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YES NO 12900 Tenth St Prince George's Bowie Maryland 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle buriol-transit permit. Then please rem buriol, cremation, or removol, and in an First E. Chart. 530 NudresSt. S. W. Charters Sarah Mickey Francis physician (16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknawn) (If yes give war or dates of service) Washington D. C. 212 01 4351 Edna M. Davisson APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH tatie IWIT Haerocokage Canditians, if any, which gave) signed by the buriol-transit p erabral rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 13/004 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO P 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.O. No. City or Tawn County State While Not while at work 19 58, to Julie 7, 1968, that (1) * lost director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (didnet) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE DIRECTOR 402 Main St., Laurel, Md. 20810 Robert McCeney, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL CREMATION. 23b DATE (County) Md. Bur MPAL (Specify) 6/12/68 Holy Trinity Collington P.G. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE JUN 17 Francis Gasch's Sons Hyattsville, Md. 30M REV. 1/68

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MAKTLAND STATE DEPAKTMENT OF MEALIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR deoth (Type or print) carbon papers. Pages 1 4. RACE 3. SEX requires that the death certificate be executed within 24 hours after S. DATE OF BIRTH GE (In years IF UNDER 1 YEAR completely filled in by the r last birthday) DAYS MONTHS 6 YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 120. USUAL OCCUPATION (Aline during most of working life, even if retired.) 12b. KIND OF BUSINESS OR Own Home 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Lost Sarah Blackstock Howe James. be detached for use os the buriol-tronsit permit. Then please r Stote Dept. of Heolth prior to burial, cremation, or removol, ond in 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) William N. Mahaffey Same as #13 no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (k).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: signed by the attendii buriol-tronsit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T 10 FUNERAL DIRECTOR: After this certificate be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF OEATH Month Doy Year If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21e. PLACE OF INJURY City or Town Stote County While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from Pray 1.1968 to JUNE 1 June 19 68, and that in/(my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive andirector, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR 22e. ADDRESS 6201 Riverdale Rd. 22d. PHYSICIAN'S William R. Greco, M.D. Riverdale, MD. 23b. DATE 23d. LOCATION (City or Town) (County) 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. (Stote) Nartona Heights REMOVAL (Specify) Pa 6/4/68 Buria 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 1968 Charle 30M REV. 1/68 Francis Gasch's Sons Hyattsville, Md. DATE



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08928 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type or print) Month Year Melvin G. Marlow 1968 June attending physician and/campletely filled in by the fur permit. Then please remove crippn papers. Pages I on ar remaval, and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) DAYS HOURS MONTHS 2/10/1923 Male Negro 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TR NEVER MARRIED country) N. C. USA WIDOWED [DIVORCED | Prince Georges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Glenn Dale Hospital during most of working life, even if retired.)

Maintenance Man Glenn Dale INDUSTRY 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES R NO T 512 You St., N. W. Wash. D.C 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Lost John Marlow Stanley Emma 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) (If yes give war or dates of service) 246-18-9751 Decedent No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) Probable ventricular fibrillation (clinical) sudden crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) burial-transit p (b) coronary arteriosclerosis unknown rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF þ stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the priar tal TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been Pulmonary tuberculosis. 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? far use Health p YES K NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn State County While Not while of work 22a. I certify that **) (this hospital) attended the deceased fram 6/10/, 19 68, ta 6/16/, 19 68, that **) (we) last saw the deceased alive on 6/16/ 19 68, and that in **) (our) opinion death occurred on the date and haur and from the 6/10/ . 19. **68** . ta 6/16/ couses stated above, (b) (we) (did) this course whe bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** 6/16/1968 DEGREE director, page shauld be filed PHYS. DIRECTOR PHYS. 22e. ADDRESS Glenn Dale Hospital 22d. PHYSICIAN'S NAME (Type) Moe Weiss, M. D. Glenn Dale, Maryland 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE (County) (State) Removal (Specify) 6-21-1968 (shipped) Little Prong M. Bapt Church Ash, N. C. 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 DATE JUN 2 1 Minnes Judge

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08929 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE KNOWN DESTI-Month 2b. HOUR Year (Type or Print) 6-16-68 19 12:50 pm Samue DEATH MATED Matthews the State Department IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Male 4-8-1916 191:06 pm M White 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, with form WIDOWED [DIVORCED | Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) MOUSTRY during most of working life even if retired.) Cheverly Prince George Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Prince George's Landover Hills YES NO 7014 Barton Road Office 24 hours 1 and 7 Item 1 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Middle .⊆ should be farwarded to the Chief Medical Examiner's \sa6od 17. INFORMANT pencil **ADDRESS** be executed within (Yes, no, or unknown) (If yes give war or dates of service) within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Gun shot wound of head IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a). certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remayal, CERTIFICATION nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This the certificote, YES 🗍 NO TA 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 3 shauld MEDICAL 12:50 m 6-16-19 68 PRIMARY OR CONTRIBUTING crematian, Shot self with .22 cal. rifle. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, farm, street, foctory, office building, etc.) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote WHILE AT WORK AT WORK same as # 13 220. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection \(\sigma \). Inquiry 3 and in my opinian death resulted fram: Natural causes . Accident . Accident Suicide A. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6-17-68 DEPUTY MEDICAL EXAMINER TO FUN. Health **EXAMINER'S** John Mehoe MD Riverdale. Md. ADDRESS(Street, city, tawn, ar county) NAME (Type) 230. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City or Town) (County) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH

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ATTENDING PHYSICIAN: The law retained by the haspital ar attending CTOR: After this certificate has been should be detached far use as the rith the State Dept. af Health priar to		22a. I certify that (I) (th	is haspital)	attended the deceas	ed_from			ta,	19, that (I) (we) last
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an in a suppose the suppose th		causes stated abave	e, (I) (***) (did) (view the	bady after	death.		Market Std Programmer	
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TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be ciled with the State	230	BURIAL, CREMATION, 23b.		6	CEMETERY OR	CREMATORY	23d	LOCATION (City or Town)	(County) (State)
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30M REV. 1768	VV	arner E. Pumph	rey, Ji	nc. Silver	Spring	Md.	DATE JUN	1 8 1968 40	march frage

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08931 08926 CERTIFICATE OF DEATH Last DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) Month 3 Daniel Edward McCarthy Tume 7.9倍图 MO papers. Pages 1 nin 72 haurs after S. DATE OF BIRTH IF UNDER 24 HRS. 4. RACE 6. AGE (In years IF UNDER 1 YEAR 3. SEX requires that the death certificate be executed within 24 haurs after dest birthday) HOURS Male White June 2nd 1901 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign MARRIED NEVER MARRIED country Wash, D.C. U.S.A. Prince George = WIDOWED [DIVORCED [campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) **INDUSTRY** give street address) George Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER ā 13d. INSIDE CITY LIMITS? 13b. FOUNT nce Geo burial, crematian, ar removal, and in any eve YES X Buchanan Street Landover*p remave HI TIM MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Michael Catherine Joseph McCanthy Dawson physician 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknown) (If yes give war or dates of service) Josephine McCarthy Same as 13 abcde 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEAT DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDUTON GIVEN IN PART 1(a) far use as the b I Health priar ta b O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO M YES 🗀 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. director, page 3 should be detached to should be filed with the State Dept. of (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY State 21d. INJURY OCCURRED City or Tawn County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 1960, and that (my) (our) apinion death occurred on the date and haur and from the causes stoted above, (1) (we) (did) (did not) view the body after death. ATTENDING DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S Maloney Thomas Hyattsville, Md NAME (Type) 71st Ave (Stote) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) 23o. BURIAL CREMATION Bur Specify) 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68

<u></u> 1	te -5	ems 18,22a film 403 MARYLAND STATE DEPARTMENT OF HEALTH 5-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	10000
FOR STATE	1	Item7a, b, FilmGliO2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 28927	00002
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy OF ESTI-	
\$ 2 g / 5		Joseph H. McDermott DEATH MATER X 6 22	0 0 ~, 00
le l	3. 5	lost birthday) MONTHS DAYS HOURS MIN. Month Day	Yeor 2d. HOUR
art a	70	M W 25 April 1910 58 YRS. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1968 6:00
oth degrees 1 the form the state Department	cour	Iowa USA WIDOWED DIVORCED Prince George	Md
ages ages th fo			KIND OF BUSINESS OR
de P wi		Laurel 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress) Diner Motel 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) INDI	Electrical
	130.	1. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13.c. (ITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
2 P		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Ve
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be executed "pending" in hief Medicol E. ansit permit. F event within		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Heart Failure	BETWEEN ONSET AND DEATH
e executed pending" ii ef Medicol nsit permit.		14/29 DUE TO, OR AS A CONSEQUENCE OF	din.
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should be word the Charles in any o	1	rise to immediate couse (o), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be one word "pe on the Chief burial-transit I in any ever		lost. (c) and Acute Alcoholism	
This certificate should cate, writing the word be forwarded to the Ct be used as a burial-tre removal, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certifi , writir orward orward moval,	TION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his ce onte, v e for be us reme	CERTIFICATION	WAS PERFORMED?	YES 🔀 NO
# 5 3 9	AL CER	21c. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item HOUR A.M.	18.)
INER: The certification of the	MEDICAL	CAUSE OF DEATH P.M. 19	ounty Stote
	-	WHILE AT WORK AT WORK AT WORK	John
ecute Page ar you R:Pog		22a. I certify that I taak charge af the remains described above, held an Autapsy , Inspection , Inquiry	and in my apinian
lCAL Is executor. Poed far ed far ed far burial		death resulted from: Natural causes 🔼, Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined manner 🔲	
pleose directs retaine. DIRECT OF TO BIRECT		ACTUAL CHIEF MEDICAL EXAMINER C	
ry, ple eral di be retr RAL Di prior		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER CONTROL STANDING CONTROL OF ANNUAL STANDING CONTROL OF ANNUA	NED
o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your o FUNERAL DIRECTOR: Page Health prior to burial, cren		EXAMINER'S NAME (Type) John Kehoe, Riverdale ADDRESS(Street, city, town, or county)	8
TO DEPU necessor the fune 5 may b TO FUNER Health	230	O. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Co.	unty) (Stote)
(3)	_	REMOVAL (Specific) 6-26-1968 Cedar Hill Cemetery Suitland, Maryl	and
VR A15ME (5)		. FUNERAL DIRECTOR Nalley Funeral Home Mt. Rainier, Md. DATE JUN 2 1968 25b. RECIPERAR'S SIGN	y Judge
10M REV. 1/68	1	Martio A. L. dilot et Homo M. P. Harmitor Duie	

erroud new I com my interpretate the production of the later than th Manufold Committee of the Committee of t delication delication of the second AND AND BEEN TO VIEW TO THE REAL PROPERTY.

THAT YES

in pencil in Item 18. Give Poges 1,

This certificate should be executed within 24 hours after death

O FUNERAL DIRECTOR: Page 3 should be used as o buriol-transit permit. File pages land 2 with the State Department of

Health prior to burial, cremotion, or removol, and in any event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH

	1832	3	MEDIC	AL EXAM				-		2112					
	ECEASED-NAME Type or Print)	First	XCL WI	Middl	e		Lost		11 :	20. DATE OF	KNOWN _	Month	Doy	Yeor	2b. HOUR
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3. 5	EX	4. RACE	5. DATE OF BIR	TH	6. AGE (In years last birthday)	IF UNDER		IF UNDER HOURS	24 HRS. MIN.	2c. DATE P	RONOUNCE			- 3	2d. HOUR
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	BIRTHPLACE (Stot		. CITIZEN OF WH	AT COUNTRY?	8. MA	RRIED N			9. COU	NTY OF DE	ATH		13.3	4	
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	WAS DECEASED EV Yes no or unknov	VER IN U.S. ARMED FOI		166. SOCIAL SECU 718 14		it. INFORMA Maud		. Mc	Far	land	ADDRE	me s	is a	bov	е
		DEATH (Enter only		ne for (o), (b), or	nd (c).)								A BET	PPROXIMATI WEEN ONSE	INTERVAL AND OEATH
	PART I. C	DEATH WAS CAUSED E	CAUSE (a) M	etastat:	ic care	inoma								er 4	
	rise to immed	ony, which gove liote couse (o), derlying couse	(b)	AS A CONSEQUEN		nchog	enic	car	cino	ma of	lung			er 4	
	PART 2. OTHER	SIGNIFICANT CONDITION	ONS CONTRIBUTII	NG TO DEATH BU	IT NOT RELATED	TO THE TER	MINAL DI	SEASE OR C	CONDITIO	N GIVEN IN	PART 1(a)				
-	1621		-								. ,				
CERTIFICATION	190. DATE OF C	PERATION		19b. CONDITION		RATION				- 1111			20.	AUTOPS	Y?
TIFIC	61.50		- 405	WAS PERFO	RMED?									YES 🗍	NO IST
MEDICAL CER	21o. EXTERNAL PRIMARY O CAUSE OF DEAT	R CONTRIBUTING	21b. TIME OF I HOUR A.A P.A		oy, Yeor 2	?1c. HOW IN	JURY OC	CURRED (En	nter notu	re of injury	in Port 1 o	r Port 2, I	tem 18.)		
ME	21d. INJURY OC WHILE AT WORK	CURRED 21e. PLA	ACE OF INJURY (A ry, office building	t home, form, st g, etc.)	treet, 2	21f. LOCATIO	N Street o	or R.F.D. No.	N.	City o	Town		County	,	Stote
	22o. I	certify that I tao	k chorge of th Natural caus		scribed obov	e, held on Suicide M.	CHIE	OSY, Homicid F MEDICAL STANT MEDI	EXAMINE	R 🖳	X, Incremined	22b. DATE			ny opinion

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form necessory, please execute the certificate, writing the word "pending" CAL EXAMINER: 5 moy be retained for your TO DEPUT

230. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23c. NAME OF CEMETERY OR CREMATORY

10 196B Lincoln June 24. FUNERAL DIRECTOR ADDRESS

23b. DATE

23d. LOCATION (City or Town) Cemetery Colmar

(County)

(Stote)

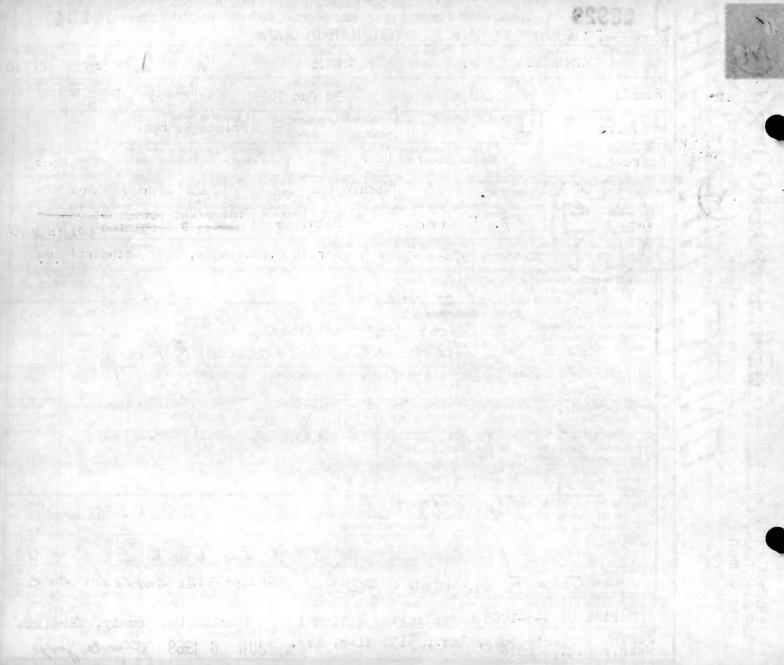
VR A15ME (5) 10M REV. 1/68

Nalley Funeral Home Mt. Rainier, Md.

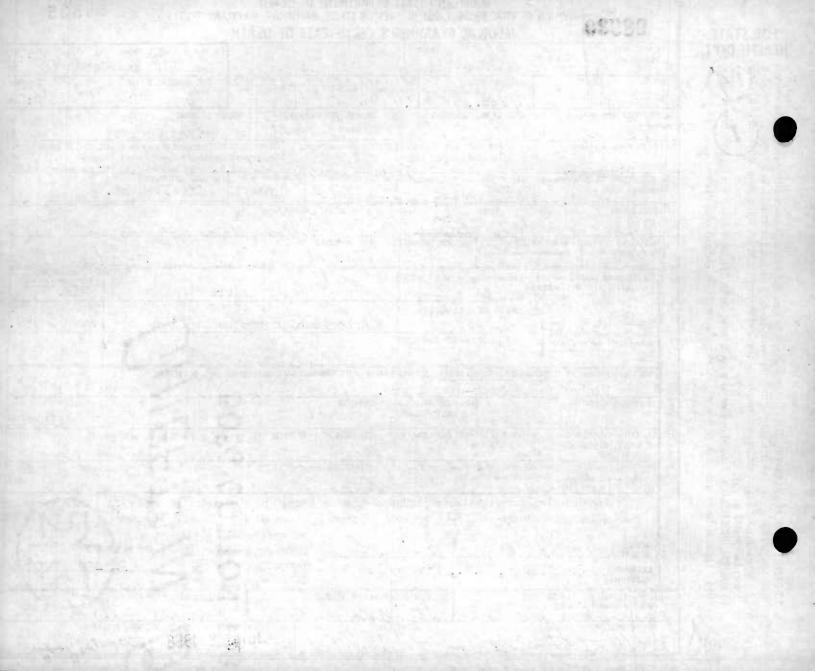
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MINE	1. D	CEASED-NAME First	A	Middle	Lost	2a. DATE OF DEA		10	2b. HOUR	
the season of th		ype or print) KATHAR I		Mc	GINNIS	9	Month & Doy	68ear	0330	
s after the fur ages 1 rs after		emale	4. RACE CAU		S. DATE OF BIRTH 30 Dec 189	9	ast bin (By) YRS.		HOURS MIN	
nin 24 hours filled in by papers. Pa	7o. i	BIRTHPLACE (Stote or foreign Itry) Penna	7b. CITIZEN OF WHAT COUNT US	TRY? B. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF DEA	eorge		Md.	
within 24 hours after ely filled in by the fur within 72 hours after	10. C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, even if retired.) 12a. USUAL OCCUPATION (Kind of work done during mast of working life, even if retired.) 12b. KIND OF BUSINESS OR INDUSTRY NONE								
complete week	13a. odm	USUAL RESIDENCE (Where deceosission) STATE	ed lived, if institution: Residently 13b. COUNTY	ence before 13c. CITY O	r TOWN 13d. INSIDE CO	NO 13e STREET	Cathedra	1 Ave N	W	
and co	14.	Thomas First	Middle Du	urham	s. Mother's majden nam Mathilde	First n formar	t estile	ne will	EMIN	
ificate hysician please ral, and	16a.	WAS DECEASED EVER IN U.S. ARA es, no, or unknown) (If yes give w	Newdoles of service) 16b. SOCI	AL SECURITY NO62-2049	Harold A.	McGinnis,	291 TCatl	nedraln	Me	
TENDING PHYSICIAN: The law requires that the death certificate be executed within sined by the haspital ar attending physician. OR: After this certificate has been signed by the attending physician and completely fille auld be detached far use as the burial-transit permit. Then please remove carban pain the State Dept. of Health prior to burial, crematian, ar remaval, and in day event, within		1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA	y ane cause per line far (a),) BY: ITE CAUSE (a) DUE TO, OR AS A CONS	pople	ua.	101		APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH	
equires that the physician. signed by the burial-transit p		Conditions, if any, which gave rise to immediate couse (o), stoting the underlying cause lost.	DUE TO, OR AS A CONS	strict	ic Car (Ci	deno) (Drung	1		
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attend attend has be se as t	CERTIFICATION		CONDITION FOR WHICH OPERA		YES NO	CAUSES OF			IIFYING	
ICIAN: pital ar rtificate d far u of Heal	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAL (If either, notify medical exami	H HOUR A.M. Month	Doy Year 19	HOW INJURY OCCURRED (E		Port 1 or Port 2, It	em 18.)		
PHYS he has this ce detache e Dept.	M	While Nat while at wark			LOCATION Street ar R.F.D.			Caunty	Stote	
TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health prior to burial, crea		22a. I certify that (I) (the sow the deceosed of couses stoted above	is hospital) attended the live on, (l) (we) (did) (did not	he deceased from 19 8 au) view the body after	nd that in (my) (our) o death.), to opinion death accu			l) (we) last nd from the	
be reto DIRECT ge 3 sh		22b. SIGNATURE Bleu	J. Pincle	uu. DEC	REE PHYS.	MED. DIRECTOR P	TAFF D 22c. D	ATE SIGNED	e 68	
SPITAL 4 may NERAL tar, pa		22d. PHYSICIAN'S NAME (Type) John		emen M	D 22e. ADDRESS USAFA				FB	
O HC Page O Fu direc		BURIAL, CREMATION, 23b. REMOTAL COLCEVIT 6	-5-1968 A	c. NAME OF CEMETERY O		23d. LOCATION (City or Town)	(County)	(State)	
VR A15 (4) 30M REV. 1/68	24.	Joseph Gawler Wash., D.C.,	s Sons, Inc	ADDRESS	2Sa. REC	D BY REGISTRAR	2Sb. REGISTRAR'S S	IGNATURE JA	,	

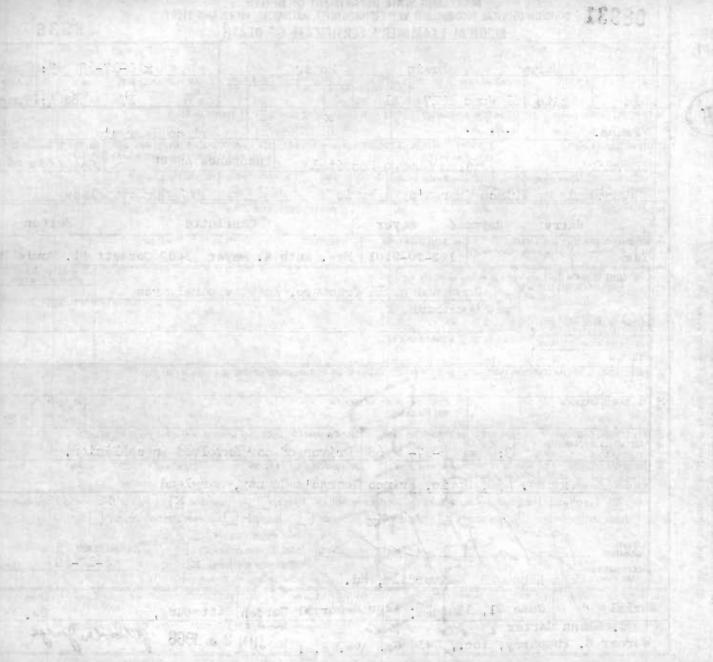


	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	08935
FOD CTATE		COASA STATE ALCOHOS, GOT W. TRESTON STREET, DARLINGTE, MARIENTO	
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH-DEPT.		PECEASED-NAME First Middle Lost 20. DATE KNOWN Month Type or Print)	Day Year 2b. HOUR
· · · · · · · · · · · · · · · · · · ·		James Bernard McKenna DEATH MATED 0	2 1968 am
500	3. 5		2daHQUR
ny delay 2, and 3 PM3 Per		M W 4 Feb., 1898 70 yrs	Year 1968 2:00A
22.5		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
de De Jam,	COU	Prince George	Md.
	10. (2b. KIND OF BUSINESS OR NOUSTRY
the the		Birmadala Taland Mamanial Aleelisanter	teel mill
of the land		USUAL RESIDENCE (Where deceased lived, if institution: Residence before T3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmission) STATE 13b. COUNTY 200 77th St.	
18 18 2 W 2 de de		Md. Prince George Laurel 1823 No.	
This certificate shauld be executed within 24 haurs after death icate, writing the word "pending" in pencil in Item 18. Give Pag be farwarded to the Chief Medical Examiner's Office along with the used as a burial-transit permit. File pages 1 and 2 with the agar removal, and in any event within 72 hours after death.	14. 1	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 1 1 1 1 1 1 1 1 1		James Mc the Cler Mc Grane	
hin 24 ncil in niner's pages hours		WAS DETERATED EVER IN U.S. ARMED FORCES? (es, no or unknown) (If yes give war or dates of service) ADDRESS	1
with pen cam		(tryes give war or adies or service) Mrs James McKennor - a	hane
vold be executed wit vord "pending" in pe ie Chief Medical Exar al-transit permit. File any event within 72		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rmi with		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Heart failure	Min.
exe endi Me t pe		4/29 DUE TO, OR AS A CONSEQUENCE OF	
"pe" "pe" "per "per "per "per		(b) Arteriosclerotic heart disease	over 2 yrs.
ord ord e Ch		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	MATHEMATICAL
sha w w in th		lost. (c)	
the the dark		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fica fing rde as al, o	z	4200 Diabetes mellitus-over 2 yrs.	SELVEN SERVE
wri	ATIO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certificate she licate, writing the volume farwarded ta the document of the bear of the control of the con	CERTIFICATION	WAS PERFORMED?	YES NO DX
INER: This certificate shauld be executed within 24 haurs after dear e certificate, writing the word "pending" in pencil in Item 18. Give Pa shauld be farwarded to the Chief Medical Examiner's Office along with files. 3 shauld be used as a burial-transit permit. File pages land 2 with the station, ar removal, and in any event within 72 hours after death.		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Iter	m 18.)
KAMINER: te the certii ge 4 shauld yaur files. age 3 shaul	MEDICAL	CAUSE OF DEATH P.M. 19	
MIN the 4 sh 7 fil e 3 semat	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) 21f. LOCATION Street at R.F.D. Na. City or Town	County State
L EXAL ecute 1 Page 4 or yau or yau al, cre		WHILE NOT WHILE TOCTORY, Office building, etc.)	
SICAL EXAMINER: se execute the certicator. Page 4 shauld ned for yaur files. ECTOR: Page 3 shau burial, crematian,		220. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry ,	and in my opinion
SICAL E ase execu- rectar. Parameter ained for IRECTOR: to burial,		death resulted fram: Natural-causes 🔀 , Accident 🔎 , Suicide 🗍 , Homicide 🗍 Undetermined monner	
please direction direction of the direct		CHIEF MEDICAL EXAMINER	
JITY DICA ry, please e eral director be retained be retained priar to bu		ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL EXAMINER 22b. DATES	IGNED
EPUTY Start, please extended directors and be retained interest interest the prior to but t			2-68
TO DEPUTY SICAL EXAMINER: This certificate shauld be executed wit necessary, please execute the certificate, writing the word "pending" in per the funeral director. Page 4 shauld be farwarded to the Chief Medical Examps be retained for your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File Health priar to burial, crematian, ar removal, and in any event within 72		NAME (Type) ADDRESS(Street, city, town, or county)	
10 H + 20 H + H + H + H + H + H + H + H + H + H	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	County) (Stote)
0	1	Survey 6-5-68 St Mays Cem Lairel 7	nol.
06	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SI DATE JUN 6 1968 VICTOR	
VR A15ME (5) 10M REV. 1 48	1	Vellett Danachan Laurel and DATE JUIN 6 1968 your	reas Juaga



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 - 5936 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Manth Day Year 2b. HOUR (Type ar Print) ESTI-0 DEATH MATED € 6-17-68 193:01 pm M Harry Lewis Meyer deloy and 3 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR Year 4: 15pm M 11 June 1927 White Male 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country Penna. 4 should be forworded to the Chief Medical Examiner's Office along with farm U.S. A. WIDOWED [DIVORCED | Prince George's 8. Give Pages lond 2 with the Sto 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 24 hours ofter deoth give street address during most of working life even if retired.) Prince George Hospital Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER Prince George's YES NO Bowie 3802 Corbett Place in Item 1 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Fulton Charlotte Harry Raymond Meyer poges pencil 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** This certificate should be executed within (Yes, na, ar unknawn) (If yes give war or dates of service) 162-20-7101 Mrs. Ruth E. Meyer 3802 Corbett Pl. Bowie Md File APPROXIMATE INTERVAL .⊑ event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Compound skull fracture, left temporal area DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Canditians, if any, which gave rise to immediate cause (a). any the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 as burial, cremotian, or removol, CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 NO TE pe 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING EXAMINER: Driver of car involved in collision. 6-17-19 68 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City ar Tawn County State Rt. 450, Bowie, Prince George's County, Maryland FUNERAL DIRECTOR: Page director. Poge 22a. I certify that I tank charge of the remains described above, held an Autopsy ... Inspection X. Inquiry X, and in my apinian death resulted fram: Natoral causes AccidentX-Suicide Hamicide Undetermined manner prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE 6-18-68 5 moy by TO FUNER, Health DEPUTY MEDICAL EXAMINER X **EXAMINER'S** Riverdale, Md. NAME (Type) John Kehoe MD ADDRESS(Street, city, tawn, ar caunty) 23c. NAME OF CEMETERY OR CREMATORY
Wm. Penn Memorial 23a. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (State) BUREMOVAL (Specify) 1968Cem. June Garden Pittsburg. 24. FUNERAL DIRECTOR INTO Carter 2Sq. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR 2Sb. VR A15ME (5) Warner E. Pumphrey, Inc., 8434 Ga. Ave. S.S. 10M REV. 1/68

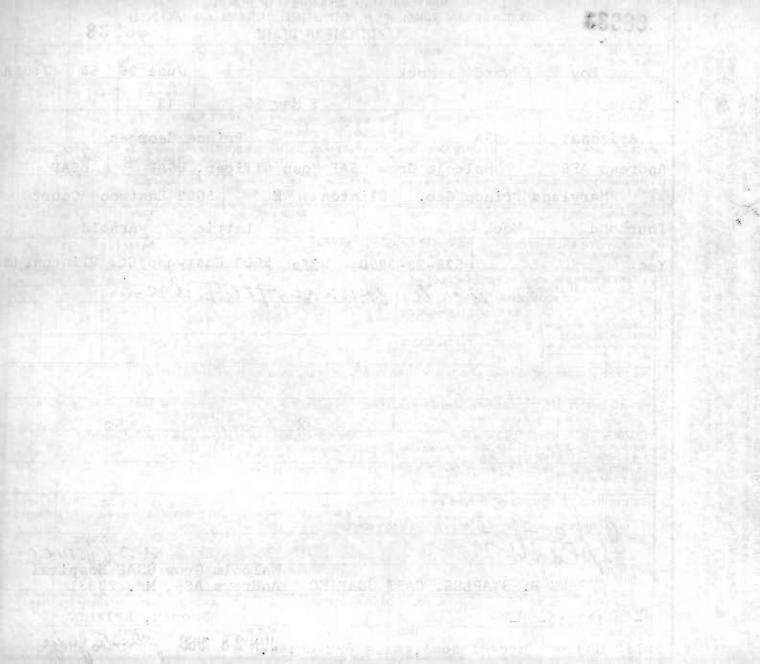
MARYLAND STATE DEPARTMENT OF HEALTH



/ 1 1	MARYLAND STATE DEPARTMENT OF HEALTH
1	08932 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME (Type or Print) P First Middle Lost 2a. DATE KNOWN Month Day Year 2b HOUR
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s offer 18. Giv olong with tl deoth.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 33 CITY OR TOWN admission) STATE FLAR 13b SUNTY = MAN AMI YES 100 1 5W 97 BL
ST ST ST	
hours Item 1 Office I ond 2 offer o	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last Lloyd E. Miller Ruth Clark
within 24 pencil in xarming s ile pages 72 hours	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no ar unknown) (If yes give war or dates of service) (If yes give war or dates or dates of service) (If yes give war or dates or
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P.=	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c):) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
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ex benc open of f M f M	Conditions, if only, which gave) DUE TO OR AS A CONSEQUENCE OF .
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should be execute ne word "pending" to the Chief Medical burial-transit permit	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF Here where I have been been been been been been been be
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s certificate should e, writing the word forwarded ta the Cl used as a burial-tr emoval, ond in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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its certifite, writing forwar	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 274em 18)
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ICAL E executor. Po ed far CTOR: burial,	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
pleose e f director retained L DIRECT	CHIEF MEDICAL EXAMINER
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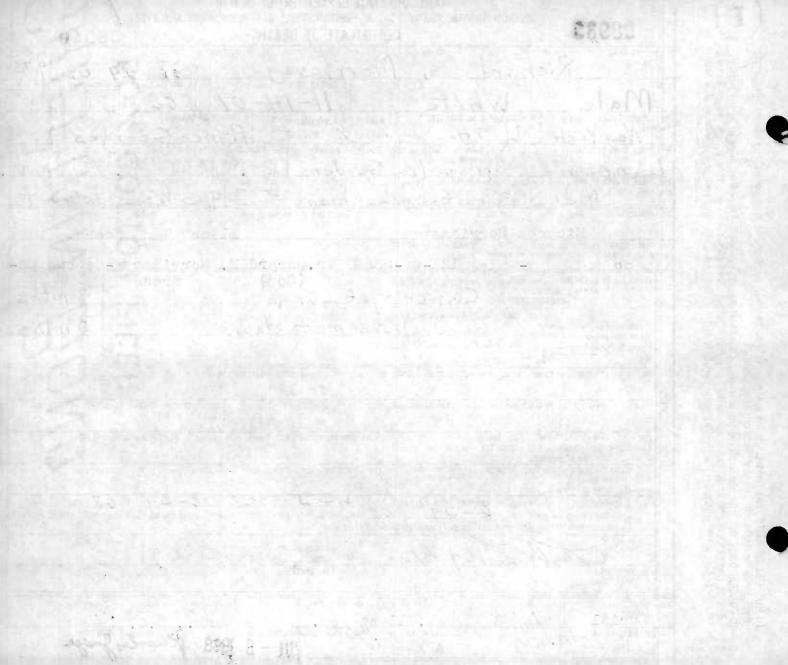
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MARYLAND STATE DEPARTMENT OF HEALTH

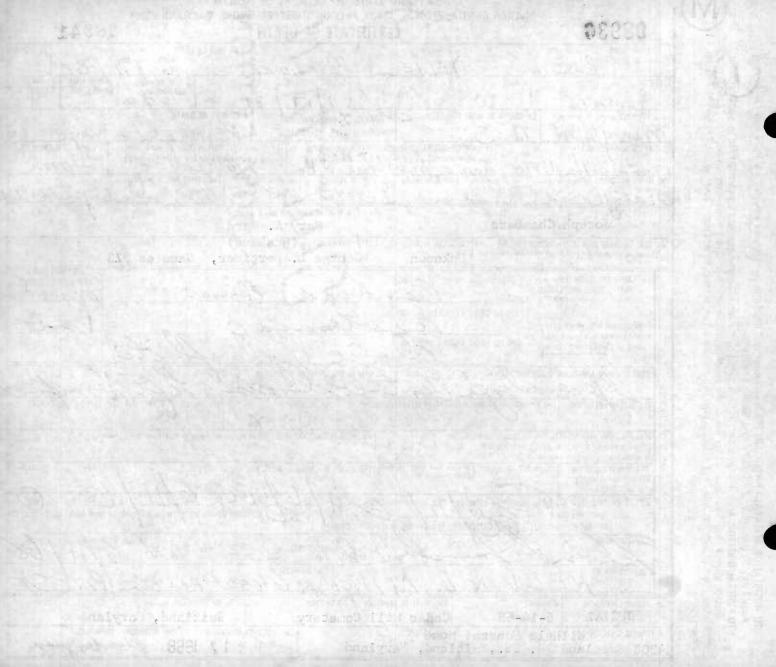


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08939 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. - DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUR (Type or Print) EST1 · 51 mm Leonard Wakefield Morris DEATH MATED TO Department 3 SEX 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 6. AGE (In years 2d. HOUR 2, and PM3. F 19907 Male Negro 3-12-197/ YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Pages 1, form country) WIDOWED [DIVORCED [Virginia Prince George's U.S.A. 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR X III during most of working life, even if retired.) give street oddress)
Prince George Hospital **INDUSTRY** Give. Cheverly Clerk Вилиац 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? death. 13e. STREET AND NUMBER land 2 wil odmission) STATE 0 Vashington 3989 Mass. Ave., S.E. Office in Item 1 after Middle 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Lost First slease execute the certificate, writing the ward "pending" in pencil in director. Page 4 shauld be forwarded to the Chief Medical Examiner's David Morris pages haurs Ora Williams 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, no, or unknown) (If yes give, war or dates of service) Marie H. Morris-3989 Massachusetts Ave SF File 72 within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Shock event DUE TO, OR AS A CONSEQUENCE OF Bilateral hemothorax burial-transit Conditions, if ony, which gove (b) and laceration of heart rise to immediate couse (a). certificate should any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 remaval, nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This NO 3 YES 🗍 pe 6 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Yeor 3 should PRIMARY CONTRIBUTING HOUR A.M. MEDICAL cremotion, 6-10-19 68 Driver of car involved in collision CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.)
Anacostia River Bridge, Balt. Wash. Parkway, Prince George Co. FUNERAL DIRECTOR: Page burial, Inspection X. 220. I certify that I took charge of the remains described above, held on Autopsy ... Inquiry K ond in my opinion deoth resulted from: Notural couses Acciden Suicide Homicide Undetermined monner 5 may be retained
TO FUNERAL DIREC
Health priar to b CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE. 6-12-68 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) Riverdale. Md. Kehoe MD 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 6-14-68 Buria Lincoln Memorial Suitland Maryland 25b. REGISTRAR'S SIGNATURE John T. Rhines Co. 3015 12th Streets, N. E. 2So. REC'D BY REGISTRAR Washington, D. C. 20017 VR A15ME (6) Funeral Home 10M REV. 1/08

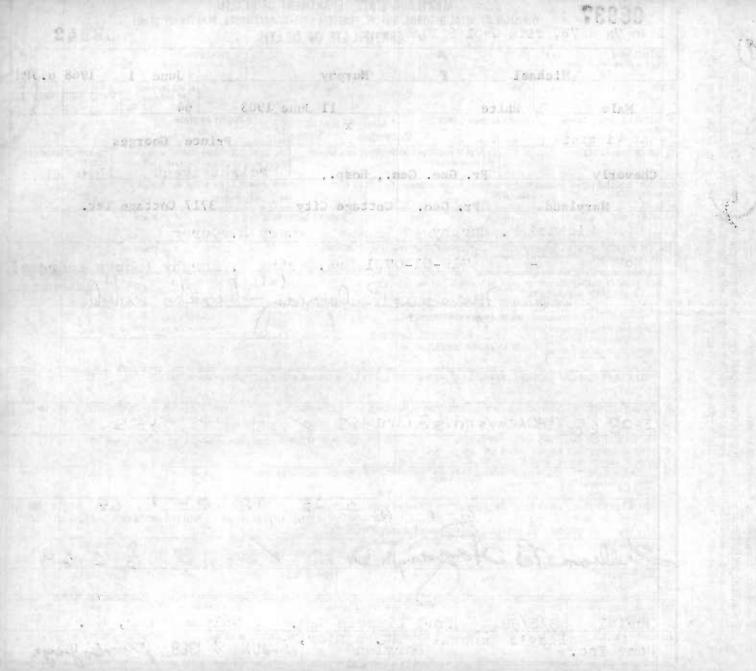
	-	- 1				IND STATE DEPARTMENT OF		
1					DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BAI	TIMORE, MARYLAND 21201	
Or				08933		CERTIFICATE OF DEATH		08940
nos	# - Z = #			CEASED-NAME First	1 Middle	Lost	20. DATE OF DEATH	2b. HOUR_
	aearn neral and 2 death		(1	ype or print)	chard E.	Morrissey	Month E	19 68 9 75 M
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	and rem n an	/	14. F	ATHER'S NAME First	Middle Loss	15. MOTHER'S MAIDEN NAME		lost
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	physician (pen please paval, and i	20		WAS DECEASED EVER IN U.S. AR es, na, or unknown) (If yes give	war or dates of service)		Address	
	phy en ava			no		9-5389 Mr.Gerat		APPROXIMATE INTERVAL
	e Ling			18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and	(d)) (Son)	dress	BETWEEN ONSET AND DEATH
	at the death cer the attending p asit permit. The matian, or rema	21	100	IMMED	IATE CAUSE (0) Cance	er of Lung		8 mths
	aff peri			1621	DUE TO, OR AS A CONSEQUENCE	of ,		2 11
	the mat			Canditians, if any, which gave rise to immediate cause (a),	(b) Cenera	lized metasta	1515	3 mths
-	by trar			stoting the underlying cause		OF		
	equires that the physician. Signed by the burial-transit burial, cremat			last.	(c)			
	ph sig	-63		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(o)	
	ding een the		NO	163 X				
	ten ten as bas as as price	X	CERTIFICATION	19o. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERATION WAS		CAHETE OF DEATHS	S CONSIDERED IN CERTIFYING
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N	al a licat far Hec			OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. Month Doy Ye		ter noture of injury in Part 1 or Part :	2, Item 18.)
5	spit ertii led i. af		MEDICAL	(If either, natify medical exam 21d, INJURY OCCURRED 21e	P.M. P.ACE OF INJURY (AT HOME, FARM, STREET,	FACTORY.) 21f. LOCATION Street or R.F.D. N	City T	County Santo
200	Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the full director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages: Pages 1 shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within Rehauss after	0		While Not while of work	OFFICE BUILDING, ETC.	217. LOCATION Street or K.F.D. P	No. City or Town	County State
5	y the ter de	1.1			nis haspital) attended the dece	ased fram 4 - 1, 19.	C8, ta C-29, 1	19.68, that (1) (we) last
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Y L	RAI Po			NAME (Type)		ZZW. ADDRESS		
5	order character de	90	22.0	BURIAL, CREMATION, 23b.	DATE 23c. NAME	DF CEMETERY DR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
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-		34	24.	FUNERAL DIRECTORALA.T.T	LEY'S FUNERALADDR	SSMT RAINIERIZSO. REC'D	BY REGISTRAR 256 REGISTRA	R'S SIGNATURE
	VR A15 (4)	68		HOME INC.	MARYI	Tivet Cem. SSMT RAINIERI250. REC'D	8 1968 geliant	es judge
						VOL		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03941 CERTIFICATE OF DEATH Middle DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR (Type ar print) 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years UNDER 1 YEAR EF UNDER 24 HRS DAYS last birthday) YRS. requires that the death certificate be executed within 24 hours buriol-transit permit. Then please remove corbon popers. P buriol, cremation, or removol, ond in any event, within 72 hour 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED and completely filled in WIDOWED W DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital IO. CITY OR TOWN OF DEATH 12a, USUAL-OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, ever if retired.) INDUSTRY Home CITY OR TOWN 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d INSIDE CITY LIMITS? NO 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Joseph Chambers Mary A. Ward (Husband) 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, ng er unknawn) (If yes give war or dates of service) Unknown George L. Mortimer. Same as #13 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) TWEEN ONSET AND DEAD PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave signed by the buriol-transit p rise ta immediate cause (a), DUE TO. OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached for use as the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN PERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? CAUSES OF DEATH? YES NO 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (I) (this hospital) ottended the deceased from 19 and that in (my (lour) opinian death accyrred an tive date and haur and from the saw the deceased alive an director, page 3 should should be filed with the causes stoted above, (I) (we) (did) (sid not) view the body after death! 226-SIGNATURE 22c. DAJE SIGNED DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (County) REMONANTS PERITY Cedar Hill Cemetery 6-14-68 Suitland, Maryland 24. FUNERAL DIRECTOR Wilhelm Funeral Home ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Villandes 1968 4308 Suitland Rd. SE., Suitland, Maryland DATE JUN 17



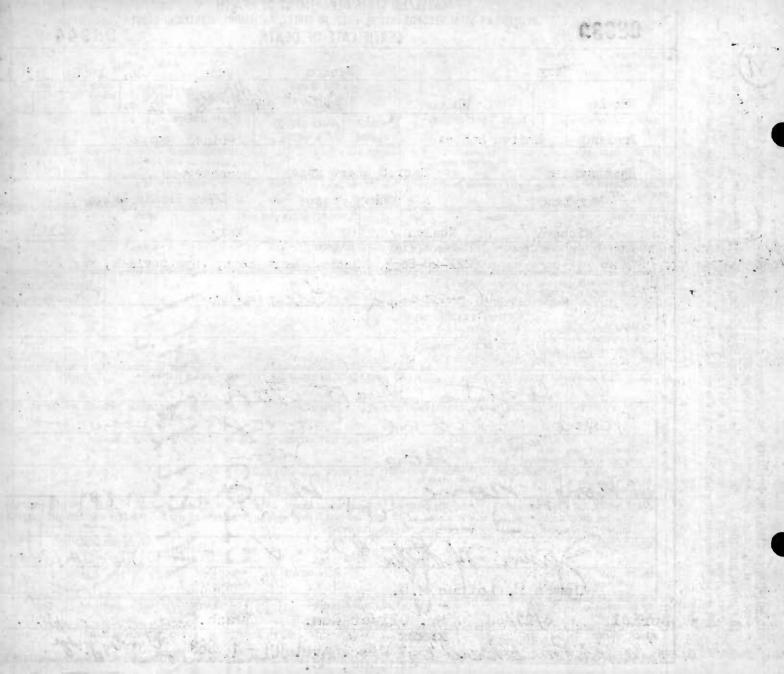
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de day 2		1. DE	CEASED-NAME ype or print)	First Mich	Figh		Middle	6.8	lost	LAIII	20. DATE OF	DEATH Month June		1968	2b. HOUR 6.3PM
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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the haspital ar attending physician. This certificate has been signed by the attending physician and carpetely filled in by the funeral stacked for use as the burial-transit permit. Then please remove carban papers. Pages I and Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death		7o. B	IRTHPLACE (Stote or fi try) est Virgi	oreign	7b. CITIZEN O	F WHAT COL	JNTRY?	8. MARRIED 5	NEVER MARRI	ED 9	COUNTY OF	0 1			N
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leath certificate be ending physician c mit. Then please ar remaval, and in		160. Ye	WAS DECEASED EVER	N U.S. ARME		16b. S	OCIAL SECURITY		FORMANT	E-711		Addres	sboxe	200	reag
ath cert nding p it. Ther			18. CAUSE OF DEAT PART 1. DEATH	WAS CAUSED	gane couse p BY: TE CAUSE (o)	111 0		1) ?	Ourac	(Wife	Philip	10-5		_APPROXIMA	ATE INTERVAL SET AND DEATH
that the death cerian. I by the attending pranait permit. The cremation, ar rema			420 X Conditions, if ony, w	hich gove)	, , -		INSEQUENCE O	To the	4-	RO		ver/	Pener	C	1.1-
equires that the d physician. signed by the att burial-transit pen burial, crematian,			rise to immediate of stoting the underly lost.		DUE TO,	OR AS A CO	INSEQUENCE O	f							
iw requires the ding physicial peep signed the burial-transfer to burial, to		z	PART 2. OTHER SIGN	FICANT CONI	OITIONS CONT	RIBUTING TO	O DEATH BUT	NOT RELATED TO	THE TERMINAL I	DISEASE OR CO	NDITION GIVE	N IN PART 1(o)			
The law re ir attending e has been suse as the lath priar to b	1	CERTIFICATION	190. DATE OF OPERATION 5-28-6	1			RATION WAS P	PERFORMED	20a. AUTOPS	NO 🗆	20b. II CAUSE	YES, WERE FINDINGS OF DEATH?	IGS CONSIDERI	ED IN CER	TIFYING
SICIAN: The spital ar att strificate ha ed for use af Health		A	210. ACCIDENT WAS OR CONTRIBUTING [CAUSE OF DEATH	HOUR A	AE OF INJUR A.M. Mon P.M.	th Doy Yeo		W INJURY OCCUP	RRED (Enter i	noture of inju	ry in Port 1 or Por	rt 2, Item 18.))	
binG PHYSICIAN: The law requires the by the haspital ar attending physician. After this certificate has been signed by be detached for use as the burial-tran State Dept. af Health priar to burial, cre.			21d. INJURY OCCURR While Not while of work of work	ED 21e. F	PLACE OF INJU	JRY (AT NOM OFFICE	ie, farm, street, f Building, etc.	ACTORY.) 21f. LO	- 25			or Town	Count		Stote
ATENDING stained by the CTOR: After the shauld be definith the State			22a. I certify th	at (I) (this	haspital)	attended	the decea	sed from 19, and bady after d	that in (my)	, 19 6 (aur) apin	3_, ta_ <i>Ce</i> ian death	accurred an th	19 <u>68</u> e date and	, that (haur a	(I) (we) la nd fram th
may be retained RAL DIRECTOR: A RAL DIRECTOR: A page 3 shauld be filed with the			22b SIGNATURE	ed abave,	B =) laia n	at view the	e body direr d	ATTENDING	ME		STAFF PHYS.	22c. DATE SIG	ENED	8
TO HOSPITAL OR ATTENDIN Page 4 may be retained by TO FUNERAL DIRECTOR: After director, page 3 shauld be shauld be filed with the Sta	1	9	22d. PHYSICIAN'S NAME (Type)			(1	711.300	PHYS. 22e. ADDRE	UIK	ECTOR \Box	rnis. \square [(0 2	6	S
TO HOSPITAL Page 4 may TO FUNERAL director, page	^	23o.	BURIAL, CREMATION, REMOVAL (Specify)	23b. D	ATE 5/68			F CEMETERY OR Lincol				ON (City or Town)	(Coun		(Stote)
VR AIS	41/4	24.		Valle	y's I	Tuner	ADDRES	Mt Ra	nier 2	So. REC'D BY	REGISTRAR	2Sb. REGISTE	RAR'S SIGNATU	JRE	oter.



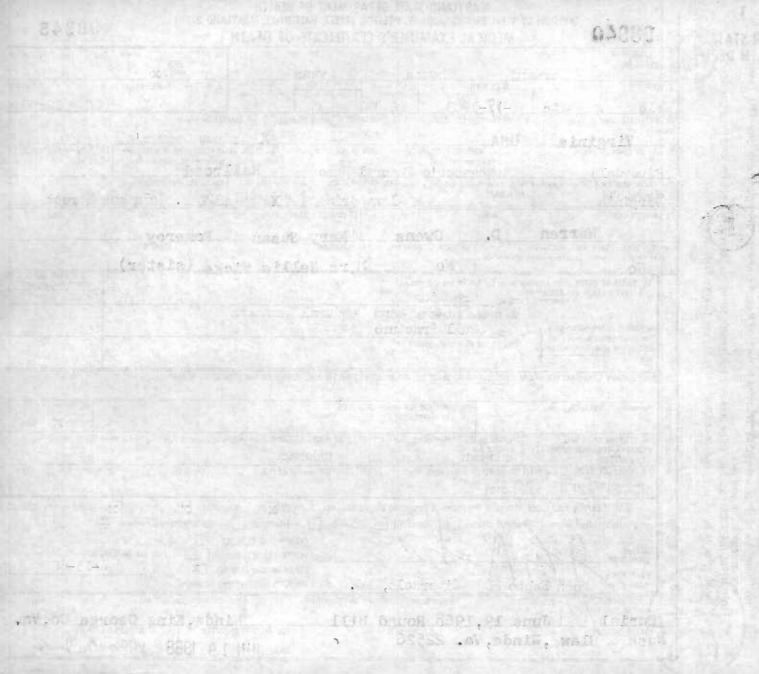
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FOR STATE	1 0	FERLESS NAME	-	WEDIO	AL EXAM	MINER'S	CERTIFICATI	UF DEAT	н	000			_
HEALTH DEPT		ECEASED-NAME Type or Print)	First		Mid	dle	Lost		2o. DATE OF	KNOWN Mon	th Doy	Yeor	2b. HOUR
3 to Page			Ped		15.75mm		Nadon		DEATH	MATED 1 6-	7-68	19 7	45pm
eloy 1d 3 1. Po	3. SI	ΣX	4. RACE	S. DATE OF BII		6. AGE (in year last birthday)	s IF UNDER 1 YEAR MONTHS DAYS		Zt. DAIL	PRONOUNCED DEAD		201	2d. HOUR
any deloy 2, and 3 PM3. Pag partment o		le		12 Jan		4 Y	RS.		6	7	68	19 8:0	Dlpm M
any delo 1, 2, and 1 rm PM3. F	70. 1	BIRTHPLACE (Stote		b. CITIZEN OF WI			MARRIED NEVER M		COUNTY OF DI	EATH			
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ofter deoth 8. Give Poges olong with the With the State	100.0	ITY OR TOWN OF		-3.00	Accept address.		ON (If not in hospite	Annalus and annual		(Kind of work dor life, even if retired	e 12b. KII .) INDUST	IND OF BUSI IRY	NESS OR
8. Give olong with the deoth.	130.	USUAL RESIDENCE	E (Where deceose	d lived, if institu	ution: Residence	before 13c. C	Base Ho	13d. INSIDE CITY LIMITS?	13e. STRE	T AND NUMBER			
thours ofter ltem 18. Giv Office olong	0	mission) STATE	d Pri	13b. COUNTY	rople S	uit land		YES NO	3118	Parkway	Terra	ace Di	rive.
hours Item 1 Office Iond 2 ofter o		ATHER'S NAME	First	Middle		Lost	15. MOTHER'S M.	AIDEN NAME FI	irst	Middle		Lost	
24 he in Iteria of ris	6	Ric	cardo G.	Nodonga			EU	FEMIA M.	NADON	IGA			
hin ncil nine pag	16o. (Y	WAS DECEASED EV es, no, or unknow NO	ER IN U.S. ARMED FO	ORCES? oar or dates of service)	None	CURITY NO.	17. INFORMANT Ricardo	(Father)	nga, Sa	ADDRESS me as #1	.3		
in per Exom File in 72		18. CAUSE OF	DEATH (Enter anly	ane cause per l	ine for (a), (b),	and (c).)					BI	APPROXIMATE ETWEEN ONSET	INTERVAL
be executed ''pending'' in 'iet Medicol Es Insit permit. Fi		PART I. D	EATH WAS CAUSED	BY: (AUSE (a) A	spirati	on of g	gastric c	ontents					
exe endii Me r pe		968	X	DUE TO, OR	AS A CONSEQU	ENCE OF AS	sociated	with su	bdural	henatom	3.		65
pe "pe "ief insil		Conditions, if o	ny, which gove	(b)	Skull f	racture	9						
ould be excord "pend ne Chief Me		stoting the un	iate cause (a), (derlying couse (DUE TO, OF	AS A CONSEQU	ENCE OF and	Multiple	e burns			314		
should be executed to word "pending" in the Chief Medicol buriol-transit permit.		lost.)	(c)	and Mul	tiple 1	oruises					100	
ate g th ed t	7	PART 2. OTHER 3		TIONS CONTRIBUT	ING TO DEATH 8	BUT NOT RELATE	D TO THE TERMINAL	DISEASE OR COND	ITION GIVEN IN	PART 1(o)		3-11	
This certific ficate, writin be forwards d be used os or removol,	CERTIFICATION	19o. DATE OF O			19b. CONDITIO		PERATION		10000	2.200	2	O. AUTOPSY	?
This cate, se for be u	TIFIC				WAS PERF	ORMED?						YES 🔼	NO 🗌
inner: This he certificate, shauld be for files. 3 should be to assign or rer	MEDICAL CER	PRIMARY OF	AUSE WAS R CONTRIBUTING [216. TIME OF HOUR A	INJURY Month, I M. 6-4	Day, Year 168	21c. HOW INJURY O	OCCURRED (Enter n	ation/	in Port 1 or Port Unkno	2, Item 18.) WIL		
	MED	21d. INJURY OCC	URRED 21e. Pl	LACE OF INJURY (At home, form.	street,	21f. LOCATION Street			or Town	Coun		State
e de de		WHILE NO	T WORK	ory, office building	1 1 1 199	raed	3118 Par						Md
ICAL E) execution. Poged for y CTOR: P							ove, held on Aut					and in my	y opinion
Sic of the second of the secon	10	death re	sulted fram:	Natural cau	ses , A	condent [Suicide,	Hamicide 2	Under	termined mann	er		
TO DEPUTY DICAL EXA necessory, please execute the funeral director. Page 5 may be retained for yo TO FUNERAL DIRECTOR: Page Health prior to buriol, cr		ACTUAL	1	the.	Kol	21		HIEF MEDICAL EXAM SSISTANT MEDICAL		7 22b. D	ATE SIGNED		
UTY, Dory, Dero be be pr		SIGNATURE	1	pan 1	The state of the s		- 141- D-1	EPUTY MEDICAL EX			6-9-		
necessory, particle funeral 5 moy be roof FUNERAL Health price		EXAMINER'S NAME (Type)	John Ke	hoe MD	River	dale. 1		DDRESS(Street, city		nty)			
the Hec	230	BURIAL, CREMAT	ION / 1/23h		23c. N	AME OF CEMETE	RY OR CREMATORY	[2	23d. LOCATION	(City or Town)	(County	y) (SI	tote)
112		REMOVAL (Speci Burial	(Y) /6-	11-68	J 100 100 100 100 100 100 100 100 100 10		Nationa:						
	24.	FUNERAL DIRECTO	Wilhelm		1 Home	ADDRESS	l andī	2So. REC'D BY	REGISTRAR	25b. REGISTRA	R'S SIGNATI	JRE ()	
VR A15ME [5]	4	308 Sui	rland Rd	SE. SI	uitland	. Mary	land	DATE JI	NIZ	1968 /	Maril	Do you	The same

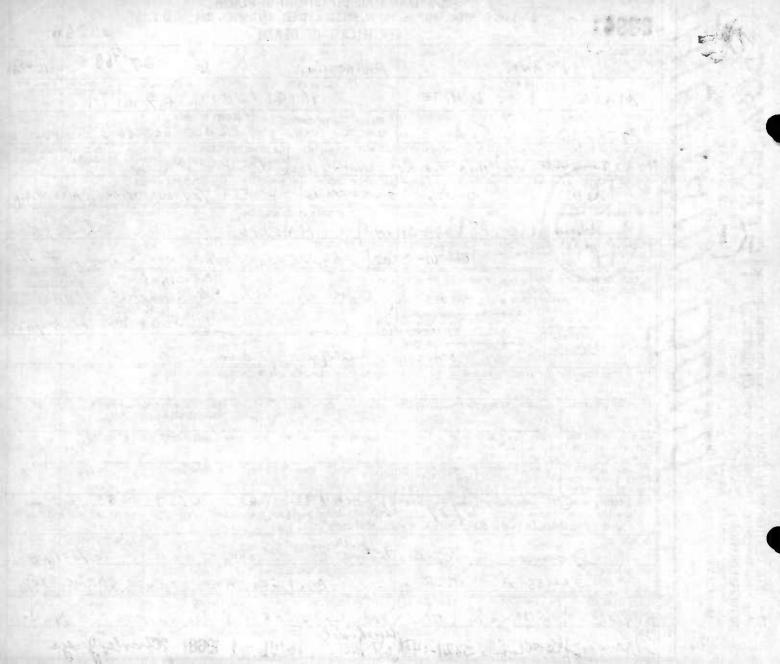
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		STATE DEPARTMENT OF HEALTH	
		801 W. PRESTON STREET, BALTIMORE, MARYLAND 21 ERTIFICATE OF DEATH	08944
	1. DECEASED-NAME First Middle	Lost 20. DATE OF DEATH	
	(Type or print) Mary	Month -	2b. HOUR p
	3. SEX 4. RACE	Nealon June S. Date Of BIRTH . STC/ \ . AGE (In ye	24, 1968 3:30 M
	Female White	ARISTO JOHN 9 19 last birthdon	
	7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED X 9. COUNTY OF DEATH	
	(GUUNTY) Ireland United States	WIDOWED DIVORCED Prince Geor	ge Md.
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INST	ITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work during mast af warking life, even if re	done 12b, KIND OF BUSINESS OR
1		ed Heart Home Housekeeper 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUM	
16 L		Chevy Chase YES NO 2719 Blair	
-	14. FATHER'S NAME First Middle Last		ddle Last
	Michael Nealon	Mary	Mullin
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 221–20–865		dress
		3 Sacred Heart Home, Hyatts	rille, Maryland
	18. CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	NO 1	BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	y Scoulports	S Mino tree
	DUE TO, OR AS A CONSEQUENCE OF		
	Conditions, if any, which gave rise to immediate cause (a), (b)		
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
	last. (c)	T DESIGNATION TO THE TEXT AND THE TEXT OF CONDITION OF THE TEXT OF	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	REPAILED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
	19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERI	FORMED 200. AUTOPSY? 120b. IF YES, WERE FIN	DINGS CONSIDERED IN CERTIFYING
	The Dar of Greation 1750. Condition of the White of the Allon was rek	YES NO TO CAUSES OF DEATHS	DINGS CONSIDERED IN CERTIFFING
	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERI	21c. HOW INJURY-OCCURRED (Enter noture of injury in Part 1 or	Port 2 Item 181
	GR CONTRIBUTING CAUSE OF DEATH FOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PJACE OF INJURY (AT HOME, FARM, STREET, FACT) OFFICE BUILDING, ETC.	DRY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
	While Not while at work of wor	none	
		from January, 1959, to JUNES	4, 19 68, that (1) (wet last
	22a. I certify that (I) (this haspital) attended the deceased saw the deceased alive an	and that in (my) (our) opinian death occurred on	the date and hour and from the
	causes stated abave, (I) (we) (did) (did not) view the b	ady atter death.	
	22b. SIGNATURE	PATTENDING MED. STAFF	22c. DATE SIGNED
	1994 DUVEICIAN'S TOWNERS 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE PHYS. DIRECTOR PHYS. L	DUNE27, 1760
	22d. PHYSICIAN'S NAME (Type)	ZZe. ADUKESS	
	James M. Loftus M.D.	EMETERY OR CREMATORY 23d. LOCATION (City or Tow	-\ (C\) (C+-+-\
		EMETERY OR CREMATORY 23d. LOCATION (City or Tow Wash.	n) (County) (Stote) D.C.
	24. FUNERAL DIRECTOR	2Sg. REC'D BY REGISTRAR 2Sb. REG	
		Wisc. Ave DAUL - 1 1968 200	STRAR'S SIGNATURE
		iesda. Md.	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08945 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME (Type or Print) HEALTH DEPT Middle 20. DATE KNOWNET ESTIny delay is 2, and 3 ta PM3. Page 19 with the State Department of DEATH MATED Bernard homas Owens 4. RACE 6. AGE (In years IF UNOER 24 HRS. 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 8-17-1903 19 12:00nmc Male White YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm Give Pages 1, WIDOWED [10. CITY OR TOWN OF DEATH Prince George's along with 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
Railroad INDUSTRY Chamber's Funeral Home Riverdale death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmission). STATE 13b. COUNTY 328 N. Columbus Street Alexandria 24 hours in Item 14. FATHER'S NAME First Last 15. MOTHER'S MAIDEN NAME First Warren Owens haurs within 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil 4 shauld be forwarded to the Chief Medical Examine ba (Yes, na, or unknown) (If yes give war or dates of service) No M rs Nellie Hicks (sister) File APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) be executed permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Drowning DUE TO, OR AS A CONSEQUENCE OF And Subdural hematoma burial-transit Canditions, if any, which gave Skull Fracture rise to immediate couse (o), any writing the ward This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 crematian, or remaval, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, NO | YES IX pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 shauld HOUR A.M. unknown PRIMARY OR CONTRIBUTING unknown CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.)
unknown may be retained far yaur FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK burial, 220. I certify that I taak charge of the remains described above, held an Autopsy [x], Inspection x. Inquiry 3 and in my opinion Notural causes death resulted fram: Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 may b TO FUNER Health **EXAMINER'S** NAME (Type) Riverdale. Md. ADDRESS(Street, city, town, or county) John Kehoe 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, EREMATION 23d. LOCATION (City or Town) (County) REMOVAL (Specify), June 19,1968 Round Hill Burial Ninde, King George Co, Va.
Y REGISTRAR 25b. REGISTRAR'S SIGNATURE Nash Slaw , Ninde , Va. 22526. VCharles Judge VR A15ME (5) DATE JIIN 1 9





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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08948 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR death. (Type or print) Anne Z. Peek Month Q 68Yeor 1:30p **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 8/24/96 IF UNDER 24 HRS. 6. AGE (In years IF UNDER 1 YEAR Female. White last hirthday) HOURS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? requires that the death certificate be executed within 24 haur 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Pennsylvania Prince Georges WIDOWED [7] DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR Riverdale Trackers Memorial during most of working life, even if retired.) Wh Home homemaker 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) Maryland 13b. COUNTY rince George Brentwood 40th Place NO [14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Middle Last Middle John Hall Sara Jane Zeblev 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes no, or unknown) (If yes give war or dates of service) William F. Peek Sr. Same as #13 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH ENTRICULAR PART I. DEATH WAS CAUSED BY: FIBRILLATION IMMEDIATE CAUSE (a) HOURS DUE TO, OR AS A CONSEQUENCE OF CORONARY ARTERY DISEASE Conditions, if ony, which gave) UNKNOWN rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ARTERIOSCLEROSIS UNKNOWN PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) MELLITUS LABETES ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 1 NO [be retained by the haspital or 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Manth Day Year (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Not while at wark at work L 22a. I certify that (I) (this hospital) ottended the deceosed from 5 - 28 , 1968, to 90000, 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (our) opinion death accurred on the date and haur and from the couses stated above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED JUNE 68 **ATTENDING** MED. DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S IVERDALE NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) 23a. BURIAL, CREMATION, BWYA (Specify) 6/12/68 Colmar Manor P. G. Md. Ft. Lincoln 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 ucharles Francis Gasch's Sons Hyattsville, Md. 30M REV JUN 17 DATE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18949 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN X Manth Day Year (Type or Print) 6-19-68 192:40pmm Alfred Pence DEATH MATED 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 3. SEX S. DATE OF BIRTH 68 192:40pm M White 8-14-1922 Male 76. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED | DIVORCED Prince George's U. S. A. Give Poges the Stot 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 4 should be forworded to the Chief Medical Exominer's Office olong with give street address) Leland Memorial Hospital during mast of working life, even if retired.) INDUSTRY Riverdale 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER lond2 with ofter death. Brince George's YES NO in Item 18. Seabrook 9609 Woodbury Street within 24 hours Middle 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last Albert Summers Pence Treva poges 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, vo, grunknown) 225-18-6424 Ruth A. Pence Same as # 13 APPROXIMATE INTERVAL within certificate should be executed 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: S CAUSED BY: Bilateral hemothorax any event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise ta immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 00 cremation, or removol, 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗍 NO X pe 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year 3 should HOURAM 6-19- 19 68 Chest crushed between truck and trailor PRIMARY POR CONTRIBUTING EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. Na. City or Town Caunty Stote WHILE NOT WHILE I foctory, office building etc.)
AT WORK AT WORK I Giant Food Warehouse garage, Sheriff Rd., Landover, Maryland 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry . and in my apinion Notural causes Accident Suicide Hamicide Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE 6-20-68 DEPUTY MEDICAL EXAMINER 5 may b TO FUNER Health **EXAMINER'S** ADDRESS(Street, city, tawn, or county) NAME (Type) John/Kehoe MD Riverdale, Md. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) 6/22/68 Broadway. Va. Bethel Church of The Brethern 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR F. Gasch's Sons 4739 Balt. Ave., Hyattsville, Mc.JUN VR A15ME (5) 10M REV. 1/68

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MAKILANU SIAIE VEPAKIMENI UF NEALIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle First Lost 20. DATE OF DEATH 2b. HOUR death (Type or print) ō Month Dav Yeor A. Samue papers. Pages thin 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR ē lost birthday) DAYS HOURS MONTHS Oct. 24, 1886 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH .= WIDOWED -DIVORCED [burial, crematian, or remaval, and in any event, within 72 requires that the death certificate be executed within 24 campletely filled ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12o. USUAL OCCUPATION (Kind of wark dane 1267KIND OF BUSINESS OR dwing mess of working life, even if retired). Ret Plant Supervisor Textile remave carbon Lanham 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Bowie YES 12214 Fleming Lane NO 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last Middle and Perazzo Parzella M Joseph Anna physician (160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) 185 10 8079 William Murphy Bowie, Maryland APPROXIMATE INTERVAL attending permit. The CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCARDIAL INSUFFICIENCY DUE TO, OR AS A CONSEQUENCE OF ULMONALE Conditions, if ony, which gove) signed by the burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse RUCTIVE EMPHYSEMA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING ATTENDING PHYSICIAN: The CAUSES OF DEATH? YES NO M 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while 220. I certify that (I) (this hospital) attended the deceased from DEC 8 JUNE 1968, and that in (my) (and opinion deoth occurred on the date and have and fram the sow the deceased alive on... be retained couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. TO HOSPITAL Page 4 may b 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) 6/14/68 Bur MPYAL (Specify) Mother of Sorrows Finch Hill Lackawanna Pa. **ADDRESS** 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) JUN 14 30M REV. 1/68 Francis Gasch's Sons Evattsville, Md.

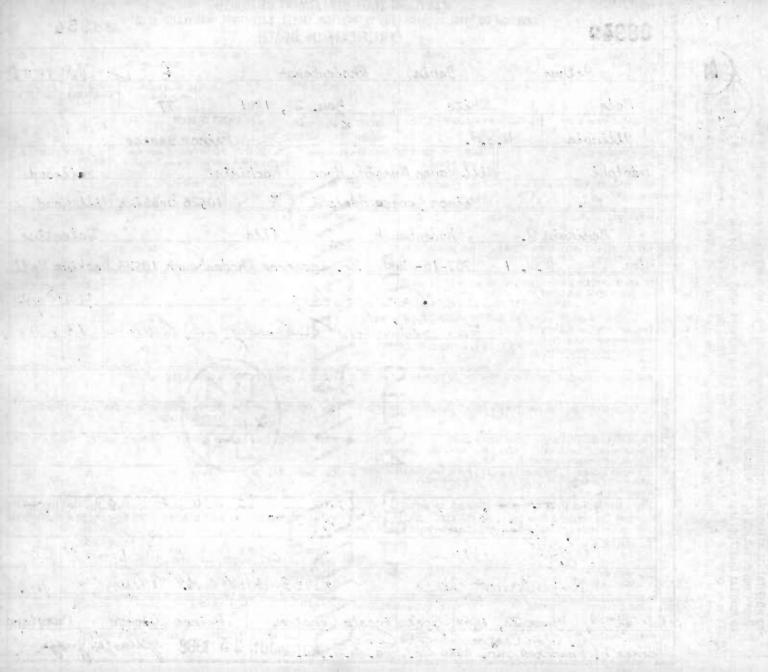
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost Middle 2g. DATE OF DEATH 2b. AHOUR 1. DECEASED-NAME First ges 1 and 2 after death. Month (Type or print) Haze1 Pryor June 6. AGE (In years IF LINDER 1 YEAR 4. RACE S. DATE OF BIRTH 3. SEX last birthday) MONTHS 9/7/11 Negro 24 haurs 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED Prince Georges County WIDOWED TY DIVORCED | Virginia USA 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR within with give street address) during most af warking life, even if retired.) INDUSTRY Hvattsville Md. Leland Memorial Hosp. burial, crematian, ar remaval, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13d INSIDE CITY HMITS? 13e. STREET AND NUMBER The law requires that the death certificate be executed admission) STATE Brentwood Md. 13b. COUNTY Prince Georges Brentwood NO T 4506 Rhode Island Ave. Middle Lost 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle pup Lizzie L Lambert William Henry Austin physician a 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Edith Allen Northfork, West Virgini Yes, no, or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO JAME TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a has been detached far use as the te Dept. af Health prior ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? CAUSES OF DEATH? YES 🗀 O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. OFFICE BUILDING, ETC. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from pe MML 14_19 (3, and that in (my) (our) apinian death accurred an the date and havr and from the saw the deceased alive an.... causes stated abave, (1) (we) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF director, page should be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION 23b DATE Burial (Specify) Oak Grove Cemetery Bluewell, West Virginia 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 Home-4001 Benning Rd., N Stewart Funeral

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE OF DEATH **First** 2b. HOUR after death (Type or print) Arthur Irvin. Rhodenbauah 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years IF UNDER 24 HRS last birthday) MONTHS OAYS HOURS Male White Jan. 28 YRS requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED and in any event, within 72 ho country) and campletely filled in remove carban papers Ollinois WIDOWED | DIVORCED Prince Yeorge IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Railroad Adelphi Machini 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO George Adelphi 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Benjamin Rhodenbanah physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknown) (If yes give war or dates of service) burial, crematian, ar removal, Lawrence Rhodenbaugh 10526 D 707-16-4204 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. Canditians, if any, which gave burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **D FUNERAL DIRECTOR:** After this certificate has been edinactor, page 3 shauld be detached far use as the legal due to the filed with the State Dept. of Health prior to legal. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 2Da. AUTOPSY? CAUSES OF DEATH? NO X YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2]c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this-hospital) attended the deceased from (2013) saw the deceased alive an ta 19 Lat, and that In (my) (our) apinian death accurred on the date and hour and fram the saw the deceased alive ancauses stated abave, (1) (we) (did) (did not) view the bady after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (County) (State) REMOVAL (Specify) Prince Maryland Bort Lincoln Cemetery 0 1968 George 250. REC'D BY REGISTRAR FUNERAL DIRECTOR Sumphrey Inc. 8434 Ga. Ave. S.S., Md. DATEJUN



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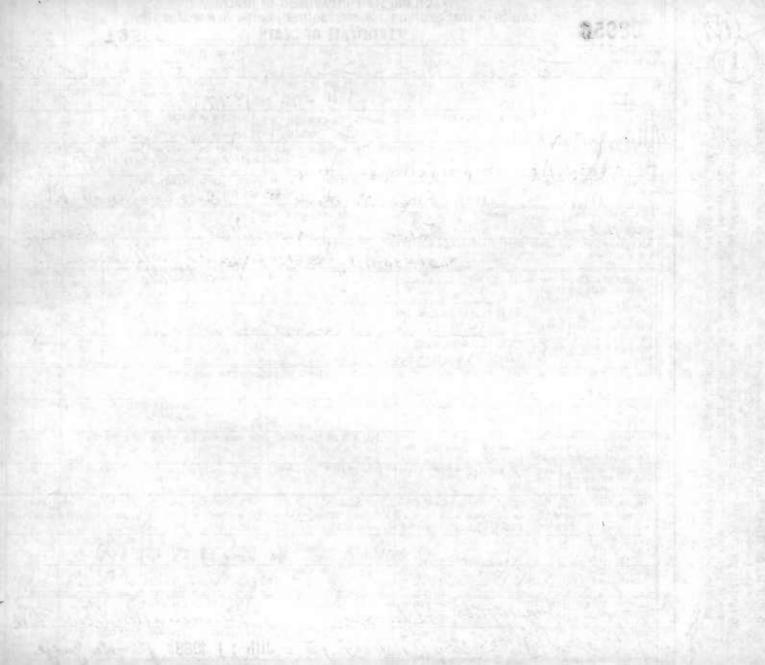
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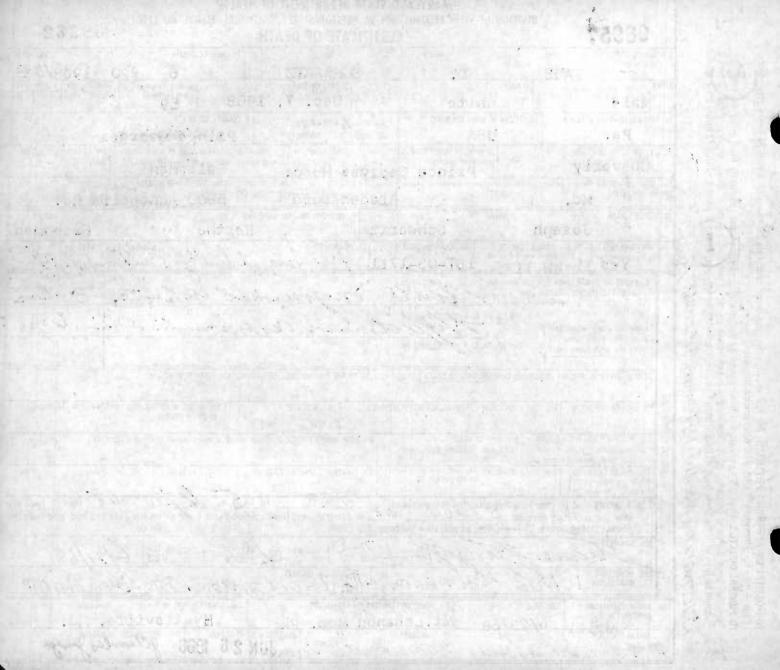
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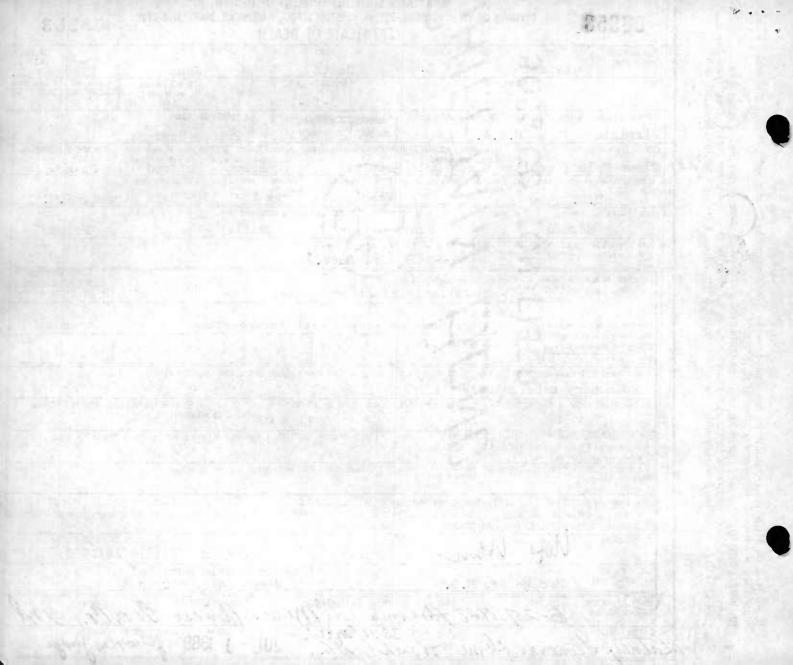
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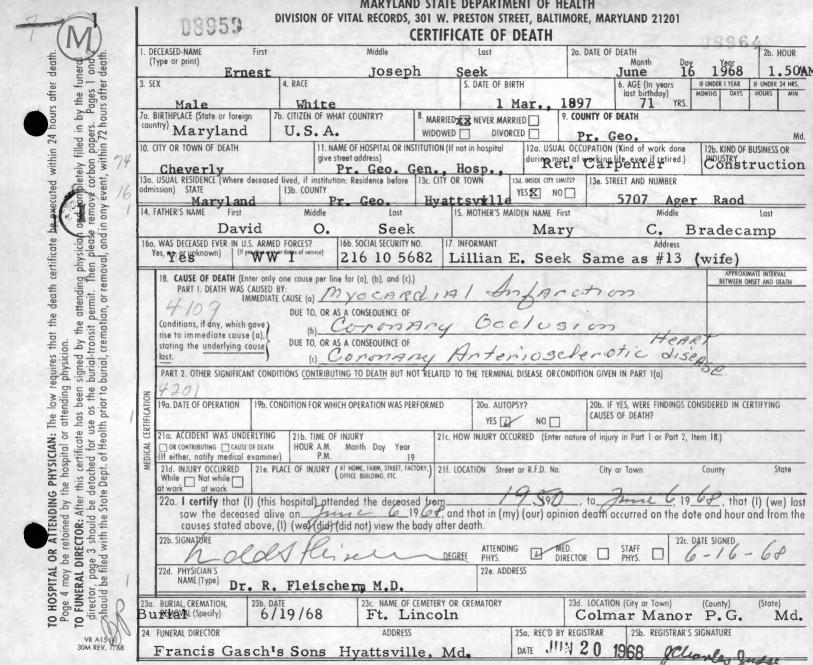
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	1	MARTLAND STATE DEPARTMENT OF HEALTH
(N)		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	1	CERTIFICATE OF DEATH 08961
4 1		ECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR.
de d	(1	Tehnie Mac Schrum June 9 68 83m
e L	3. SE	
affr ges aff		S. DATE OF BIRTH 4. RACE 5. DATE OF BIRTH 4. RACE 6. AGE (In yeors lost birthday) VRS. MONTHS DAYS HOURS MIN. VRS.
by Pours	7o. 1	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARDIED NEVED MARDIED 9. COUNTY OF DEATH
4 hours after 1 in by the furer. Pages 172 hours after	Can	WIDOWED DIVORCED Prince Scores Md.
illec pap pap		(ITY OR TOWN OF DEATH) 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 136 KIND OF BUSINESS OR
law requires that the death certificate be executed within 24 hours after inding physicion. been signed by the attending physician and completely filled in by the forms the burial-transit permit. Then please remove corbon papers. Pages lior to burial, cremation, or removal, and in any event, within 72 hours after increases.		Hyathule Nysing Home during most of working life, even if retired.) INDUSTRY
plet corl	13o.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CID-LIMITS? 13e. STREET AND NUMBER
compose y eve		Mild. Mine George Hyothers and 2000 Beechwood Rd.
nd nd rem	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
se as be		Legitner Ellie Soverita Reed.
icote sicio pleo pleo		WAS DECASED EVER IN U.S. ARMED FORCES? 16b. SOČIAL SECURITY NO. 17. INFORMANT Address (res, no, or unknown) (If yes give wor or dates of service)
he deoth certific attending phys permit. Then p		1377-01-2013 [] APPROXIMATE INTERVAL
e in a mean		BETWEEN ONSET AND DEATH DATA DEATH AS CALIFER ONSET AND DEATH
deot mit.		IMMEDIATE CAUSE (a) Concerning formation
he aff		DUE TO, OR AS A CONSEQUENCE OF
of the hearth motic		Conditions, if any, which gove (b) attrio a devotic cords - vaccular disease 30 + years
train the cream cr		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
uires nysic ned rial-		lost. (1) Mohram course
sig ph		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
ding ding the	NO.	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING
then then as by as by price	CERTIFICATION	CALISES OF DEATHS
: The proof of the	ERTI	
AN al o for for He		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year
SIC spit ertitled r. of	MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fineral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deathers.		While \tag{\text{Not while } \tag{\text{OFFICE BUILDING, EIC.}}
NG the er the deed after the deed af		at work at work 22a. I certify that (I) (this haspital) attended the deceased from which a, 1968, to have 3, 1968, that (I) (we) last
d by de Stee Stee Stee Stee Stee Stee Stee S		saw the deceased glive on 3 1968, and that in my (aur) apinion death occurred an the date and hour and from the
OR: OR: H		causes stated abave((1))(we) (did)(did nat) view the bady after death.
E S SH		226, SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
OR be ra		Parler B. W. Connect MD DEGREE PHYS. DIRECTOR D STAFF D 6/9/68
moy RAL Po be fi		22d. PHYSICIAN'S R. A. MCCormick 22e. ADDRESS NEW Dompshire Dre. Sil. S. R. Md.
OSP JNE	22	
TO HOSPITAL Poge 4 moy k TO FUNERAL director, page	250.	BURIAN, CREMATION, 231/ DATE 12-1968 23: NAME OF LEMETERY OF CREMATORY 220 LOCATION (City or Town) (Coopy) (State)
VA	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REC'STRAR'S SIGNATURE
VR A15 19 30M REV. 1 68	/	1 (DATE JUN 1 1 1968 Clearles Junge)









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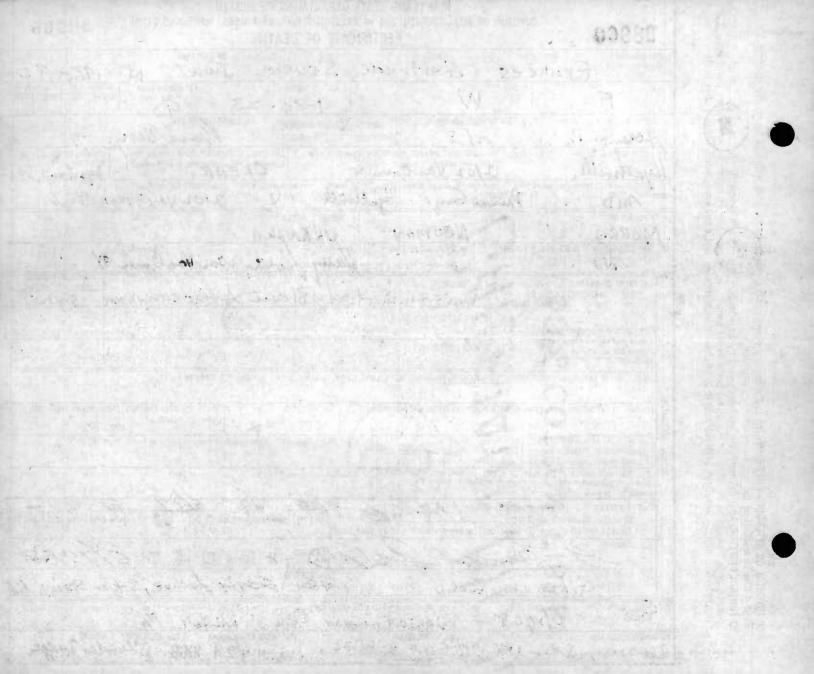
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MAKYLAND STATE DEPAKIMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, B

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

'n		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
ü		PRINCE GEORGECOUNTY MARYLAND	a. STATE Mary and b. COUNTY PR. George
ũ		b. CITY OR TOWN (if outside corporate whits.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	r	write RURAL end give nearest town)	
	r	brest Knolls,	Forest Knolls, (Rural)
	14	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
0		9525 Chalfont Ave.	9525 Chalfout Ave. YES NO
1		NAME OF DECEASED Lucille First Katherine Si	Legoque DEATH June 27 1968
2		227	9 0 1
	٥.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthday) 1895 1895 1895 Months Days Hours Min.
ú	10a	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
	do	na during most of working life, even if retired) Housewife	Richmond, Virginia U.S. A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	1	James Scott	an Brown
		WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	
h	(16	118 / 8 01/0	Sie Bradhurst, 9525 Chalfon Ave
		1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSED BY: Metastatic	Ca of Left Breast 3 was
		174 X DUE TO	
		Conditions, if eny, which (b)	
		gave rise to immediate cause	
я		(e), stating the underlying DUE TO	
		cause last. (c)	
	o o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
10.	CAT	170 ×	YES NO YES
	CERTIFICATION	20e, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter neture of injury in Pert I or Pert II of item 18.)
	CAL		CE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
	MEDIC	Hour a.m. While Not While facts	ory, street, office bldg., etc.)
	ME	p.m. 19 et work et work	
		21. I certify that (I) (this hospital) attended the deceased from	October, 1965 to 6 -2 / 1968 that (1) (vre) last
		saw the deceased alive on 6 - 2 3 196 , and that	death occured an Morrom the causes and on the date stated above.
		22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
		Unas Cagae 100 M.	
		22c. PHYSICIAN'S NAME (Type) ANNA COYNE TODD	1021 Broadview Rol D.C. 20022
	230	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	
	200		
		ENNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Si	mmons Bros. 1661-Gd. Hope Rd. SE.	DATELLI - 1 1968 Schooler Judge

demove carbon papers. Pages 1 and 3 and 2 and 3 The law requires that the death certificate be executed death. Page A be retained by the hospital or attending physician.

TO FUNERA RECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please embe filed with the State Dept. of Health prior to burial, cremation, or removal, and in fant.

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	1206	3	ORDS, 301 W. PRESTON STREET, BALTII CERTIFICATE OF DEATH		08968
	DECEASED-NAME (Type ar print) Bar	cbara E.	e last Sherbert	2a. DATE OF DEATH Manth Day June 17	Year 2b. HOUR
3.	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNOER I YEAR IF UNOER 24 HR
	Female	White	10/8/20	last birthday) 47 YRS.	MONTHS DAYS HOURS MI
70.	BIRTHPLACE (State or foreign Will) ask. S. C.	76. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED DIVORCED DIVORCED	COUNTY OF DEATH Prince George's	
10.	CITY OR TOWN OF DEATH Cheverly	give street address)		OCCUPATION (Kind af wark dane at af warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13c	n. USUAL RESIDENCE (Where decear mission) STATE Marylan	sed lived, if institution: Residence	before 13c, CITY OR TOWN 13d. INSIDE CITY LIM Geo. Marlboro YES NO	Trees british the trentage	
14.	FATHER'S NAME First	Middle	Last IS. MOTHER'S MAIDEN NAME Fire	st Middle	Last
	Homer	Bohan		nown	2. 0.10
16	a. WAS DECEASED EVER IN U.S. AR! Yes, na, ar unknawn) (If yes give v	une or dates of caption)	1-1852 James A.	Should Address A	man mall
F	18. CAUSE OF DEATH (Enter or	ally one cause per line far (a), (b),		· Gruen or ag	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a) Todas	Vina O Obstrucke	in	BETWEEN ONSET AND DEATH
	174X	DUE TO, OR AS A CONSEQUE		1.1.10.	
	Canditians, if any, which gave rise to immediate cause (a),		abdomena Microst,	AKEC (ARCINOMI	4 Jmon
1	stating the underlying cause	DUE TO, OR AS A CONSEQUE	THE CLUOMA breast	4	34R
	170 X	NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART I(a)	
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION	WAS PERFORMED 200. AUTOPSY? YES \(\sum \ NO \(\sum \)	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
MEDICAL CES		TH HOUR A.M. Manth Day	Year 19 (Enter I	nature of injury in Part 1 or Part 2,	Item 18.)
WE	21d. INJURY OCCURRED 21e. While Nat while at wark at wark	PLACE OF INJURY (AT HOME, FARM, SOFFICE BUILDING,	STREET, FACTORY, 1 21F LOCATION Street or R.F.D. No.	City ar Tawn	Caunty State
	sow the deceased o	is hospitol) attended the d live on 6/17 e, (M) (we) (did) (did not) vie	leceased fram	3, ta6 /17 , 19 ian death occurred an the do	68 , that (I) (we) I ote ond hour and fram t
	22b. SIGNATURE	Виния		D CTAFF C	DATE SIGNED 6/18/68
	22d. PHYSICIAN'S	//	22e. ADDRESS	le Island Ave.,M	r Rainier Md.
	NAME (Type) Georg	ge S. Banning	M.D. 3408 Rhod	e istand Ave.,	c. Marine C. jiid.

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June 17, 1766	Sharbart		Lighter
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Ince George's			
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Latina .we, Mt. Helilor.	3408 Rindu	. Dimerce, 18.D.	Part George 5

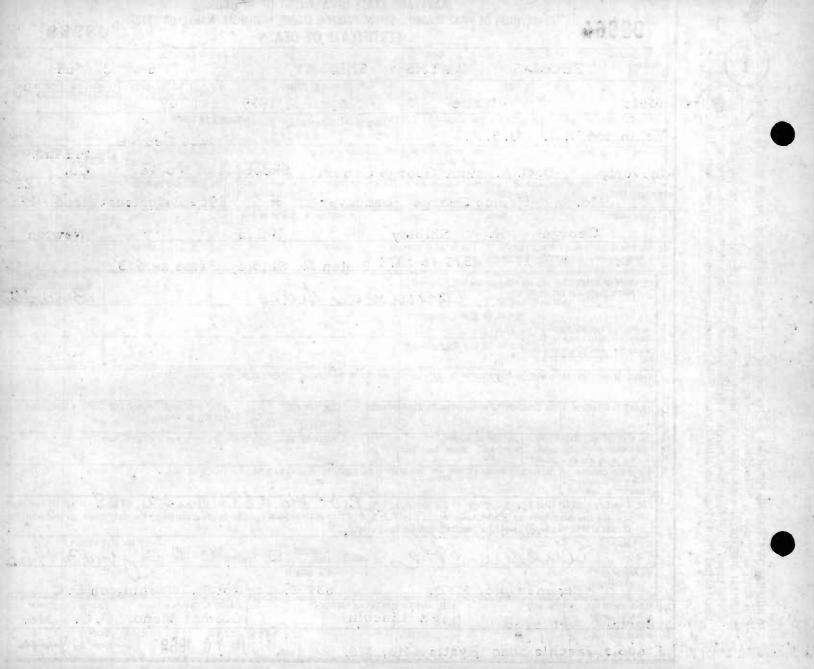
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 33866 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be detached far use as the burial, cremotian, ar remaval, and in any event, within 72 hours after death, should be filed with the State Dept. of Health prior ta burial, cremotian, ar remaval, and in any event, within 72 hours after death (Type or print) Month Bessie S UNE 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. White 9-7-92 last-bighday) HOURS requires that the death certificate be executed within 24 hough 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland USA Prince George's WIDOWED | DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR giver reet oddress) Nursing Home during nor w working life, even if retired.) WINDSTROV t. Forestville 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before | 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY DG Hillcrest Htsks X NO T 2504 Colebrook Drive. 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME First Middle Carlton P. Shank Sarah Palmer 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT (Brother) Address Hoy H. Shank, 2805 Colebrook Dr. Hillcrest Ht 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, armichown) (If yes grown or dates of service) 579348768 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) BETWEEN, ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Hote nor Ancinom & rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) ARTERIOSCLEROTIC HEART DISERS 82 HODWOCA. 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from 7/1, 19/7, to 6/3, 19/6, that (1) (we) last saw the deceased alive on 6/8/64 19, and that in (my) (our) opinion death occurred on the date and hour and from the , 1967, to 6 couses stated above, (1) (we) (did) (did not) view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** DIRECTOR L DEGREE 22e. ADDRESS H. MUE mo 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, BEMOVAL (Specify) 6-6-68 Washington National Cem. Suitland, Maryland 24. FUNERAL DIRECTORVITHEIM Funeral Home ADDRESS 250. REC'D BY REGISTRAR 1968 DATEUN 4308 Suitland Rd SE, Suitland, Maryland

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		08965	DIVISION	OF VITAL R	ARYLAND ECORDS, 301	STATE DEF W. PRESTO	ARTMENT (IN STREET, B	OF HEALTI ALTIMORE,	H Maryla	ND 21201			
FOR STATE		em#13a,b,c										0897	(1)
HEALTH DEPT.		ECEASED-NAME Type or Print)	First		Mid	dle	Lasi	Turbin.	2	OF ESTI-	Manth	Day Y	ear 2b. HOUR
Poge ov is			Hugh		Patri			elds	04.1106	DEATH MATED		-68	193: 00am M
defoy and 3 M3. Po	3. 5			S. DATE OF BI		6. AGE (In years last birthday)	MONTHS DA		MIN. 2	c. DATE PRONOUN Mapth	CED DEAD Day	Year	2d. HOUR
> .4		SIRTHPLACE (State or f	hite	15 Aug		76 YF	S.	MARRIED	0 COUNT	TY OF DEATH	14	68 19	11:00am
orm Dep	coun		, or or great	. CITELLY OF TH	USA			DIVORCED		nce Geor	real a		M
deoth ve Poges with for the Stote	10. 0	ITY OR TOWN OF DEA	TH		NAME OF HOSPITA		N (If nat in hosp	pital 12a.	IISHAL OCCU	IPATION (Kind of	work done		OF BUSINESS OR
Give Peage wi		Clinton		160		ord Lar			ta P	vorking life, ever rinter	n if retired.)	INDUSTRY	
0 8 7 3 775	13o. a	USUAL RESIDENCE (W	there deceased Pa.	lived, if instit	mion Residence		or town	13d. INSIDE CITY YES		3e. STREET AND N		land	hields S'
24 haurs in Item 18 r's Office 18 softer.	14. F	ATHER'S NAME	First	Middl		Last	1S. MOTHER'S	MAIDEN NAME			Middle		Last
				hield		100		14	Mar			Reil	
within 24 pencil in cominer's lie poges 72 hours		WAS DECEASED EVER IN es, na, or unknown)		RCES? If or dates of service)	16b. SOCIAL SEC	URITY NO.	17. INFORMANT	~ FI C1			RESC 11:		Md
be executed within "pending" in pencil iief Medical Exomine insit permit. File pog event within 72 hou		The sauce of bear	75 /F			1777	Charle	S E S	nielo	15 5000) Bed		Lane DXIMATE INTERVAL
ould be executed vard "pending" in the Chief Medical E ol-tronsit permit. Fony event within		18. CAUSE OF DEAT PART I. DEATH	MILLS CALLERD !	D1/	line for (a), (b), Heart fa							BETWEEN	N ONSET AND DEATH
oe executi 'pending'' ief Medica nsit permi		4129	IMMEDIATE	DUE TO OF	AS A CONSEQUE	ENCE OF Ar	teriosci	arotic	hean	t disea:	90	over	ites
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should be e ne ward "per o the Chief I buriol-tronsit I in ony ever		lost.	,	(c)									
irate ing th ded 1 ded 1 os o os o	Z	PART 2. OTHER SIGNII	FICANT CONDITI	ONS CONTRIBUT	TING TO DEATH B	BUT NOT RELATE	TO THE TERMIN	AL DISEASE OR	CONDITION	GIVEN IN PART 1((a)		
VER: This certificate, writh hould be forwor lies. should be used tion, or removo	CERTIFICATION	190. DATE OF OPERA	TION	4-1-4	19b. CONDITION	N FOR WHICH O	PERATION					20. Al	UTOPSY?
his ote, e fo	RTIFIC			1									ES NO 🔀
MINER: This the certificate, 4 should be four files. e 3 should be remained in the certification, or remained in the certification.		21a. EXTERNAL CAUSE PRIMARY OR CON		HOUR A		"	21c. HOW INJUR	Y OCCURRED (E	nter nature	of injury in Part	1 or Part 2,	tem 18.)	
INER shou files 3 sho natio	MEDICAL	CAUSE OF DEATH	D 21e Pl/		.M. (At hame, form,	19 Street	21f. LOCATION St	reet or R F D. No	1	City or Town		County	Stote
	0	WHILE NOT WHI		ry, office building	ng, etc.)					c., o. 10			3.010
DEPUTY Cressary, please execute the certiful to the certiful director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should also brior to burial, cremation.	-			ak charge of	the remains d	escribed abo	ve, held an A	utapsy 🗍	Inspe	ection 🔀,	Inquiry 5	ond	in my opinion
e extended for the control of the co							Suicide [_	Undetermine		_	
leas direction birection	1	ACTUAL	/1	11	/ /	,1		CHIEF MEDICAL	EXAMINER				
TY. P		SIGNATURE	1/	MA	ef	1	M.D.	ASSISTANT MED			22b. DAT I		
o DEPUTY DICA necessary, please esthe funeral director. 5 may be retained or FUNERAL DIRECTOR. Health prior to but		EXAMINER'S NAME (Type) J	ohn Keh	200	Diam	1-7- M		DEPUTY MEDIC ADDRESS(Stree		_	-	6-4-6	80
necessary, please the funeral direct 5 may be retained TO FUNERAL DIRECT Health prior to b	230	BURIAL CREMATION	/23b. D	ATE		dale, M	Y OR CREMATOR			OCATION (City or	Town)	(Caunty)	(State)
		REMOVAL (Specify)		e 8-19	4 .		ss Cem		10000	eadon.	Pa,	(200117)	(31010)
	24	EUNERAL DIRECTOR	& Bu			ADDRESS W	ash DC	2So. REC	D BY REGIS		REGISTRAR'S	SIGNATURE	THE WAY
VR A15ME (5) 10M REV. 1/68	34	nmons Br	os 16	61 God	d Hope	e Rd S	E	DATE	IUN	6 1968	you	may !	Luda
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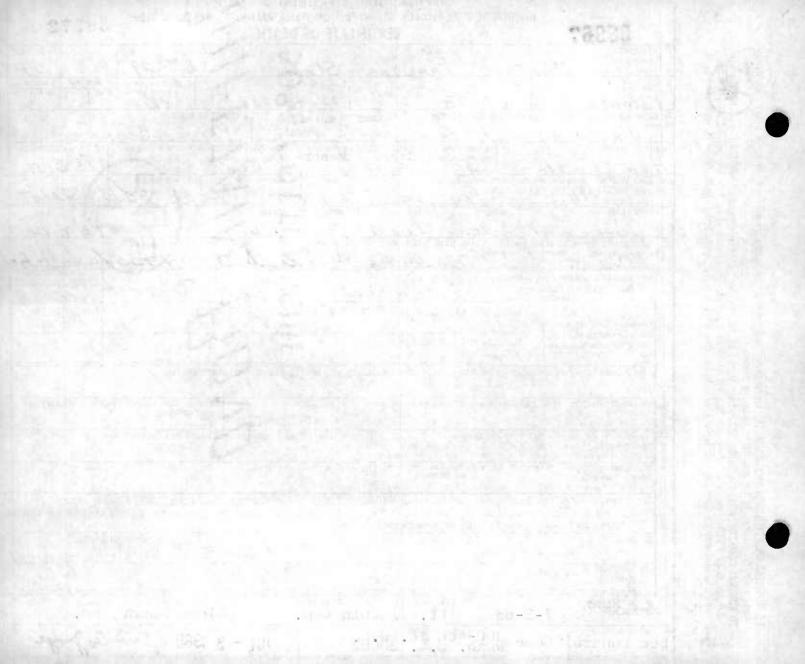
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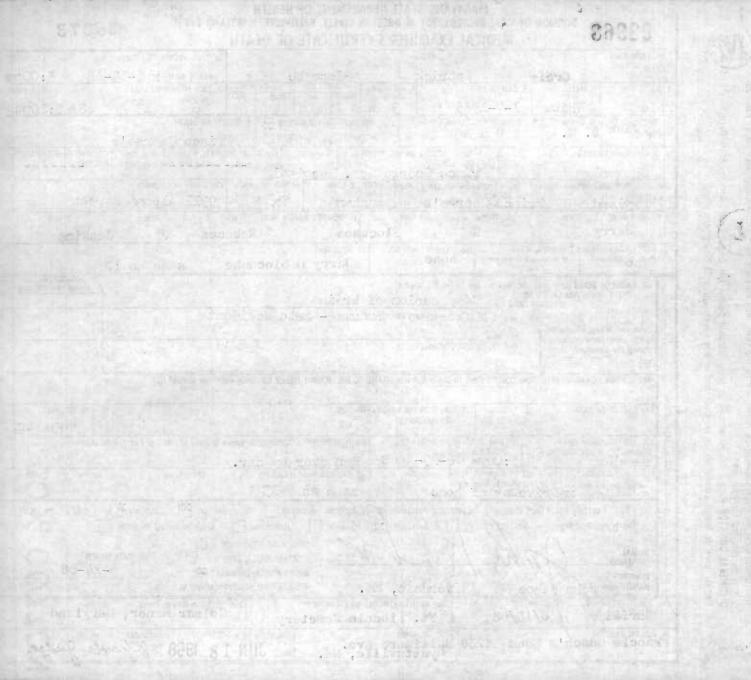
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUR (Type or Print) ESTI-Harry DEATH MATED X Sipes deloy 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR pup P.M3. the State Departm White 10-18-1925 Male 42 1972:31amm 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office along with form country) WIDOWED [DIVORCED [USA Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Oxon Hill Broadview Road with 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN Prince George's Oxon Hill YES 🔀 NO 🗌 1029 Broadview Road 24 hours and afte 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle Harry Sipes Jacqueline Warder pages hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** executed within (Yes, no, or unknown) (If yes give war or dates of service) Norma Lee Sipes Same as APPROXIMATE INTERVA event within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Gun shot wound of brain DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a), ony certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ,⊆ removol, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 0 CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This NO IS YES [pe 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year burial, cremotion, or 3 should PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: Shot in head with 7.65 automatic pistol :30 mm 6-2- 1968 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote FUNERAL DIRECTOR: Poge foctory, office building, etc.) WHILE AT WORK AT WORK funerol director. Poge same as 220. I certify that I took charge of the remains described above, held an Autopsy Inspection 🔀 Inquiry x ond in my opinion deoth resulted from: Notural causes Suicide [Undetermined monner Sc Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE necessary, DEPUTY MEDICAL EXAMINER **EXAMINER'S** ealth NAME (Type) John Kehoe MD ADDRESS(Street, city, town, ar county) Riverdale. 2 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 6-1968Christ Epis Cemetery Accokeek. **SKO** ERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Good Hope Rd SE yclimate good DATE 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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uire mysi gne gne gne		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs etained by the hospital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in bestanded be detached far use as the burial-transit permit. Then please remave carbon papers, should be detached far use as the burial-transit permit. Then please remave carbon papers, with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within in haurs.	100	
N: The law re ar attending but has been ruse as the ealth priar ta	NO	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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IAN: The la al ar attenticate has b for use as Health prior	CERTIFICATION	YES NO CAUSES OF DEATH?
rate ar lea		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor
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A ATENDING PHYSICIAN: The law re retained by the hospital ar attending ECTOR: After this certificate has been 3 should be detached far use as the with the State Dept. af Health priar ta	×	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town County
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IDING d by tl After d be d		22a. I certify that (1) (this hospital) attended the deceased from 17 PRIC 5, 1966, to June 29, 1968, that (1) (we) los
A b d b e S e e S i	12	22a. I certify that (1) (this hospital) ottended the deceased from 17 PRIC 3, 1966, to Jone 29, 1968, that (1) (we) los saw the deceased alive on June 29, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the
ATTE etaine CTOR: shaul		causes stated abave, (I) (we) (did) (did nat) view the bady after death.
ATTENE retained ECTOR: A 3 shauld with the		22b. SIGNATURE 7 C. DO. ATTENDING MED. STAFF 22c. DATE SIGNED
0 9 2 0		DEGREE PHYS. DIRECTOR PHYS. JUNE 29-1968
AL Page e fille	13	22d. PHYSICIAN'S THOMAS F COLLINS 22e. ADDRESS 322-HOINE
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TO HOSPITAL OR ATTER Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	230	BURIAL CREMANON 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Store)
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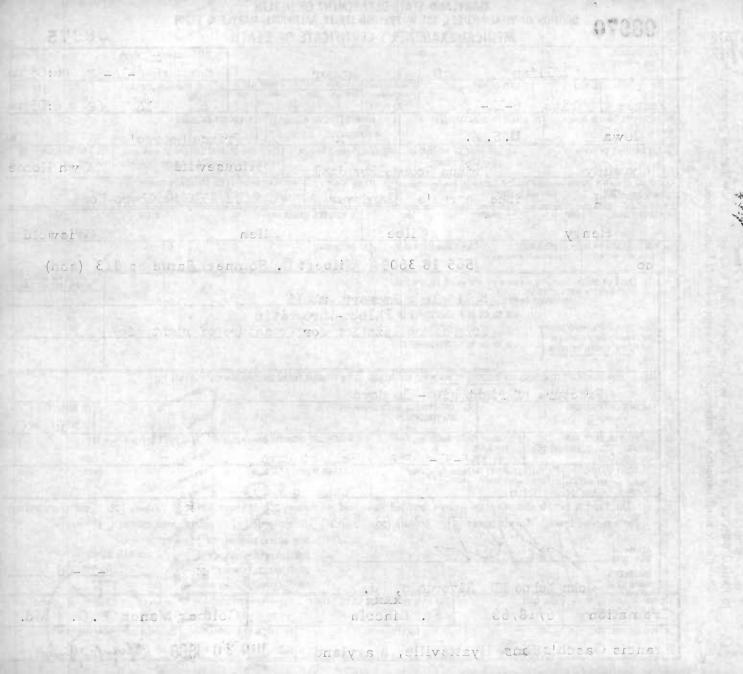
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08975 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month Year 2b. HOUR (Type or Print) Lillian 196: 05 pm M DEATH MATED 16-14-68 Somner IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE S DATE OF BIRTH 6. AGE (In years 2c DATE PRONOLINCED DEAD 2d HOUR HOURS 6-11-1882 19 6:05 DMM Female White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office along with farm Towa. U.S.A. WIDOWED -DIVORCED | Prince George's the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR INDUSTRYWN Home give street oddress) during mast of working life even if retired.) Cheverly rince George Hospital with 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Platice George's odmission) -STATE 2510 Marlboro Road Landover YES NO land 2 after 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle Henry Gilbert Ellen Griswold .u aminers 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes. no. or unknown) (If yes give war or dates of service) 565 18 3609A Gilbert R. Somner Same as #13 (son) no event within certificate shauld be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH arease execute the certiticate, writing the word "pending" director. Page 4 shauld be forwarded to the Chief Medical PART I. DEATH WAS CAUSED BY:

IMMIDIATE CAUSE (6) Multiple pulmonary emboli DUE TO, OR AS A CONSEQUENCE OF Phlebo-thrombitis burial-transit Conditions, if ony, which gove (b) From immobilization for fr acture of right hip/ rise to immediate cause (a). any DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) OS Fracture of right hip - 16 days 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This YES -NO T pe crematian, or 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING TO HOUR A.M CAUSE OF DEATH noon P.M. 5-3]-Fell at home 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At hame, farm, street, City or Town County State foctory, office building, etc.) WHILE AT WORK AT WORK same as # 13 22a. I certify that I took charge of the remains described above, held an Autopsy 🔯 . Inspection K. Inquiry (3) and in my opinion Natoral causes 1. Accident . Suicide , Homicide death resulted from: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral SIGNATURE DEPUTY MEDICAL EXAMINER TX 6-75-68 ro FUNER Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, ar caunty) Kehoe MD Riverdale, Md. the 23c. NAME OF COMPLET OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) Cremation 6/18/68 Ft. Lincoln Colmar Manor P.G. Md. 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Francis Gasch's Sons Hyattsville, Maryland DATE JIIN 20 1968 Ochanen



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH death Manth 6 (Type ar print) Everett Day 28 Year 68 V. Staley 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS. IF UNDER 1 YEAR White 12/8/1890 Male 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 8. MARRIED NEVER MARRIED country) Tllinois USA Prince George's WIDOWED | DIVORCED [within 72 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) during mast af masking life, even if retired.) Antomobile co Riverdale please remove carbon the attending physicion and completely sit permit. Then please remove carbon Memorial Hos. 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? The low requires that the death certificate be executed admission) STATE Md. 13b. COUNTY; nce Hvattsvilles XX NOF Geo. 3605 Jefferson St. 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle First Lost Last William Everett Kucy Larison emoval, and 16b. SOCIAL SECURITY NO. 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes no ar unknawn) (If yes give war or dates of service) Hyattsville, Md. Louise C Stal 218-01-1920 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (g) Canditians, if any, which gave: burial-transit rise ta immediate cause (a) DUE TO OR AS CONSEQUENCE OF FUNERAL DIRECTOR: After this certificate has been signed by O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDUTORS CONTRIBUTING TO PEATH BY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION ALVEN IN PART for use os the 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗍 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) detoched 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED While Nat while at wark QD, 19. 22a. I certify that (I) (this hospital) attended the deceosed from saw the deceased olive an and that courses state allows (I) (w) (did) (did nat) view the bady after deglin. , that (I) (we) last _1990 and the fin (my) (our) opinion death occurred on the date and hour and from the 22b. SIGNATURE ATTENDING MED. STAFF PHYS DIRECTOR _ DEGREE PHYS. PHYSICIAN'S 22e. ADDRESS 22d. NAME (Type) director shoul 23c. NAME OF CEMETERY OR CREMATORY 23b. DA1 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, Entombrent Colmar Manor Pro Geo 2, 1968 Ft Lincoln Cemetery Md. July 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Hyattsville, Md. 25g. REC'D BY REGISTRAR Gasch's Sons 1968 30M REV. 1 AM

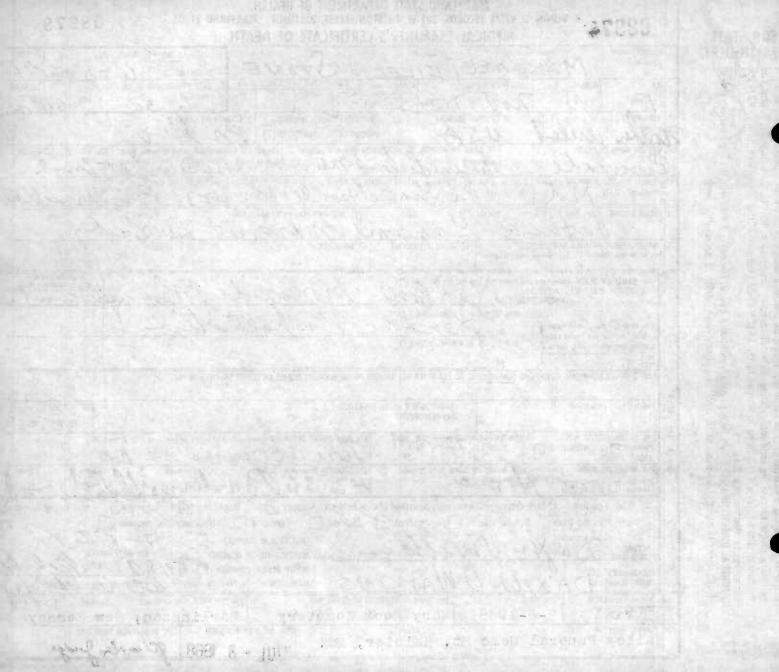
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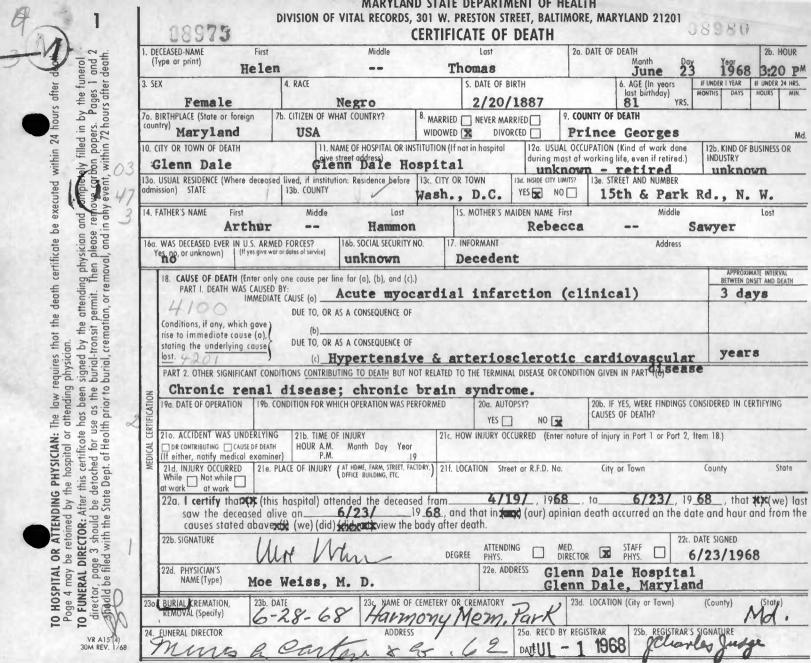
MARYLAND STATE DEPARTMENT OF HEALTH 18873 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08978 CERTIFICATE OF DEATH Middle DECEASED-NAME First 20. DATE OF DEATH 2b. HOUR death. (Type or print) Month Doy Yeor Hazel S. Stinchcomb 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR after 3. SEX DAYS FEMALE White 57 vrgRs requires that the deoth certificate be executed within 24 hours and completely filled in by the completely filled in by the complete. Parties on the complete of the complete 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland USA. WIDOWED | DIVORCED | Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

homemaker give street oddress) Leland Own Home Riverdale Memoria] 13o, USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE Pennsylv**a**nia YES X NO Adrian 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Ulvsses Donaldson Sr. Emma E. Sinsky director, page 3 should be detached far use os the burial-tronsit permit. Then pleose should be filed with the Stote Dept. of Heolth prior to burial, cremotian, or removal, and i 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no or unknown) (If yes give war or dates of service) Theodore R. Stinchcomb Same as #13 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH OCCLUSION signed by the ottendir burial-tronsit permit. SUDDEN DUE TO, OR AS A CONSEQUENCE OF AORTIC UNKNOWN STENOSIS Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retoined by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES V NO [21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 5 JUNC, 1968, to 4 JUNC, 1968, that (I) (we) lost saw the deceased alive on 1968, and that in (my) (our) opinion death accurred on the date and hour and from the causes stoted above, (1) (we) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED 1UNG 1968 **ATTENDING** STAFF DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S RIVERDALE M.D. NAME (Type) 23c. NAME OF CEMETERY OF CEMETERY 23d. LOCATION (City or Town) 23b. DATE (Stote) 23o. BURIAL, CREMATION (County) B REMOVAL (Specify) 6/18/68 St. John's Church Belt sville P.G. Md. 0 ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Maryland DATE JUN 20 Kleanley 1968 30M RE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08979 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN PT Month Doy Year 2b. HOUR (Type or Print) ARGARE ESTI-DEATH MATED 196 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign CITIZEN OF 9. COUNTY OF DEATH shauld be farwarded to the Chief Medical Examiner's Office along with farm WIDOWED [DIVORCED Give Pages Stati CITY OR FOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ing most of working life, even if retired.) death. 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence Mefore 13c 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY in Item 18. land 2 after 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 165. SOCIAL SECURIZE NO. 17. INFORMANT be executed within (Yes, no, or unknown) (If yes give wor or dates of service) 72 File within APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise to immediate couse (a), writing the word certificate shauld any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O remayal CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, NO [YES F P 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY MORTH 21c, HOW INJURY OCCURRED (Enter nature of injury jeg Part 1 ar Part 2, 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. burial, crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, farm, street, factor), effice building, etc.) 21d. INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town Country Stote NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion director. death resulted fram: Natural causes Accident -Suicide [Homicide Undetermined CHIEF MEDICAL EXAMINER ACTUAL the tuneral FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 50 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) 7-3-1968 Mary Rest Cemetery Darlington, New Jersey 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Nalley Funeral Home Mt. Rainier, Md. VR A15ME (5) 10M REV. 1/68





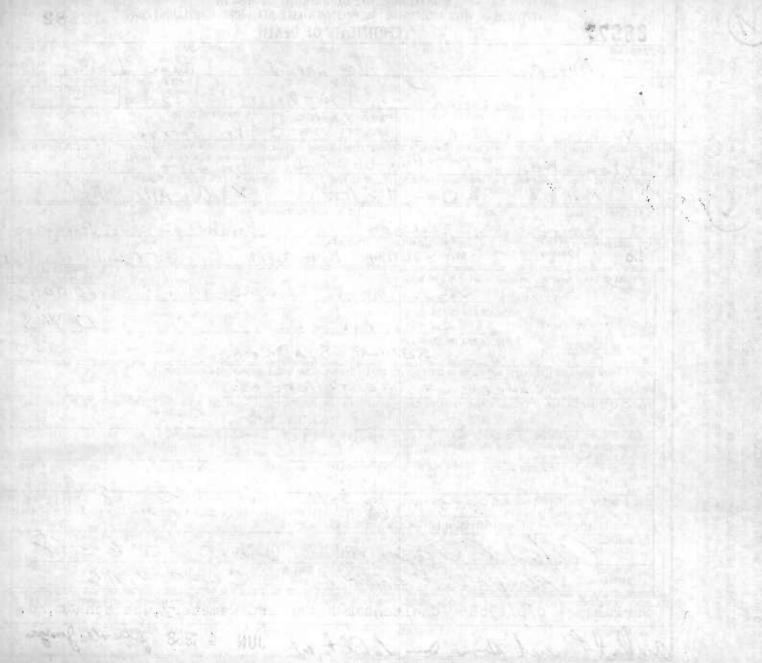
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08981 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN 2b. HOUR (Type or Print) Nellie Thompson DEATH MATED & 6-5 LOpm M Frances 3 6. AGE (In years last birthday) IF UNDER 24 HRS. 3 SEX 4. RACE S. DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d. HOUR 2, and Menth 19 5 . 1. 5 pm M 86 May 1882 Female White 7o. BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) Beaver (ounty, WIDOWED FX7 DIVORCED [Prince George's ie certificate, writing the word "pending" in pencil in Item 18. Give Pages should be forwarded to the Chief Medicol Examiner's Office olong with fo the Stote 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 12o. USUAL OCCUPATION (Kind of work done give street oddress)
Leland Memorial Hospital during most of working life, even if retired.) INDUSTRY Riverdale 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITYOR, TOWN 13d. INSIDE CITY LIMITS? MANAY AMAY YES NO F lond 2 404 Noniboulder hours ofter 14. FATHER'S NAME First Lost IS MOTHER'S MAIDEN NAME First Unknown ? Martin 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (if yes give war or dates of service) Howard Elder 5008 37th St. None File APPROXIMATE INTERVAL .⊑ 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY minutes IMMEDIATE CAUSE (6) Heart failure DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease over Conditions, if ony, which gove rise to immediate couse (a), certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 removol 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🗍 NO TO pe 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. City or Town 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, County Stote factory, office building, etc.) WHILE NOT WHILE C 22a. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry [30] and in my opinion Natifol couses X / Accident Suicide . Homicide deoth resulted from: Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. 6-6-68 DEPUTY MEDICAL EXAMINER TO NAME (Type) ADDRESS(Street, city, town, or county) Riverdale, Md. Kehoe MD John 0 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Raltimone Burial emeteru 250. REC'D BY REGISTRAR 1988. REGYTBARE HOLD FUNERAL DIRECTOR Moran, Inc. 3000 E. Baltimore St.

MARYLAND STATE DEPARTMENT OF HEALTH

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	ille pa	00	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	NSTITUTION (If not in hospital 12	20. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
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	physician per please noval, and i		Y	es, no unknown) (If yes give	war ar dates of service) MA-27L	JUANS M. Hart	, R.N. 5905 Fishe	r Rd. No. Wills
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	y themselve			rise to immediate couse (a)	DUE TO OR AS A CONSTRUCT O			
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	The att	d				YES 🗀	NO TO CAUSES OF DEATH?	
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	F P P P P		ਤੋਂ :	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Month Doy Yearniner) P.M.			
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	HY ho act act epi			While Not while	B. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	211. LOCATION SHEET OF K	.r.b. No. City of fown	Coolity
	the the			While Not while at work			10 1.2 1	0/
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	N P P			saw the deceased	alive an	and that in (my) (a	ur) apinian death accurred an the dat	e and haur and fram the
	E ie S B #				ve, (I) (we) (did) (did not) view th	e body after death.		
	A sh Color			22b. SIGNATURE	1.0-	ATTENDING	MED. STAFF 22c. D	ATE SIGNED -68
	OR DIRE			(lle	red / da	THE PHYS.	MED. DIRECTOR D STAFF PHYS. D	7-5 00
	A P	1		22d. PHYSICIAN'S		22e. ADDRESS	B. Intrad	Mh
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	MARYLAND STATE DEPARTMENT OF HEALTH
I	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
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vithin the	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in paspital) 12a. USUAL OCCUPATION (Kind of work done during most of working life, even it retired.) 12b. KIND OF BUSINESS OR during most of working life, even it retired.) 11c. 12c. USUAL OCCUPATION (Kind of work done during most of working life, even it retired.) 12b. KIND OF BUSINESS OR INDUSTRY
requires that the death certificate be executed within 24 hours after death g physician. In signed by the attending physician and completely filled in by the function by the function of burial-transit permit. Then phase remove corbon papers. Pages Lab 20 burial, cremation, or removal, and any event, within 72 hours after death	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE Md 13b. COUNTY P. F. Programme 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES INO I 5309 Taylor Rd.
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prysicion ond c	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 216-22-0783 Della Troup-5309 Taylor Rd.
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requires that the death cering physician. signed by the attending phy burial-transit permit. The purial, cremotion, or remotion,	18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 2. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
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IAN: The law requires that or attending physician. If or the hos been signed by for use as the burial-troif Heolth prior to burial, cre	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? YES NO 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2. Item 18.)
The after hos se of the potential of the	YES NO CAUSES OF DEATH?
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Spite spite ertiff ed 1	(If either notify medical examiner) P.M. 19
IDING PHYSICIA 1 by the hospita After this certific 1 be detached fi 5 Stote Dept. of t	While Nat while of wark of wark
DING by t by t be e	22a. I certify that (I) (this-hospital) attended the deceosed from 19 , 1965, to 6 , 1965, to 1965, that (I) (we) lo saw the deceased alive on 1965, and that in (my) (our) opinion death occurred on the date and hour ond from the
OOR:	causes stoted obove, (1) (we) (did) (did not) view the body ofter deoth.
OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate et a should be detached for used with the Stote Dept. of Heol	226. SIGNATURE ATTENDING DEGREE PHYS. ATTENDING MED. BY - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Page 4 may be retained by the hospital or attending FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior the should be filed with the Stote Dept.	22d. PHYSICIAN'S NAME (Type) R.D. Bounet M.D. 22e. ADDRESS Buckledge Rd. Ookelphi R.A.
O HOS Page 4 O FUN directe	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 5 5 ± 2	REMOVAL (Specify) June 17,1968 Edwardsport, Centery Sandborn Indiana
VR A15 (4) 30M REV. 1/68	24. FUNERAL DIRECTOR ADDRESS ADDRESS

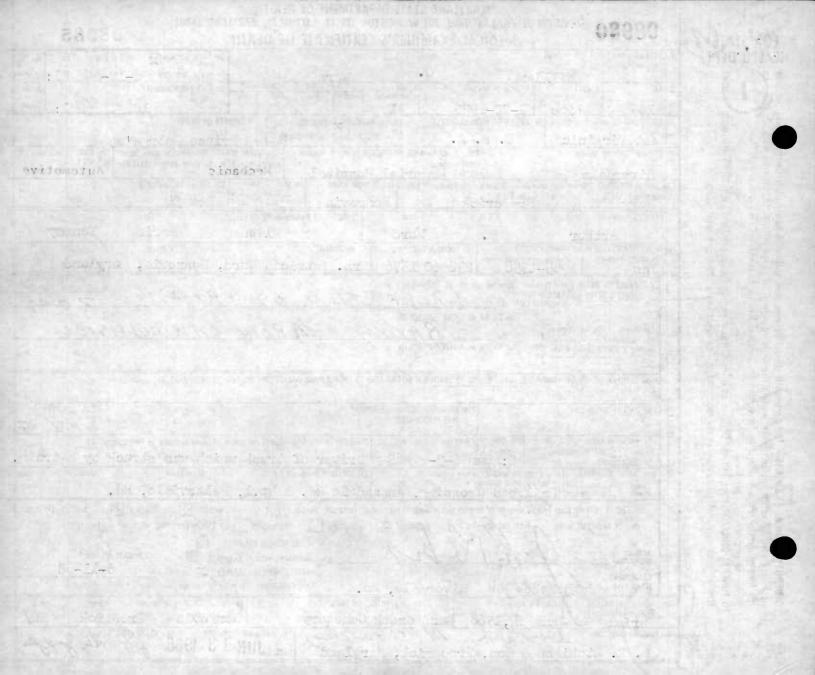
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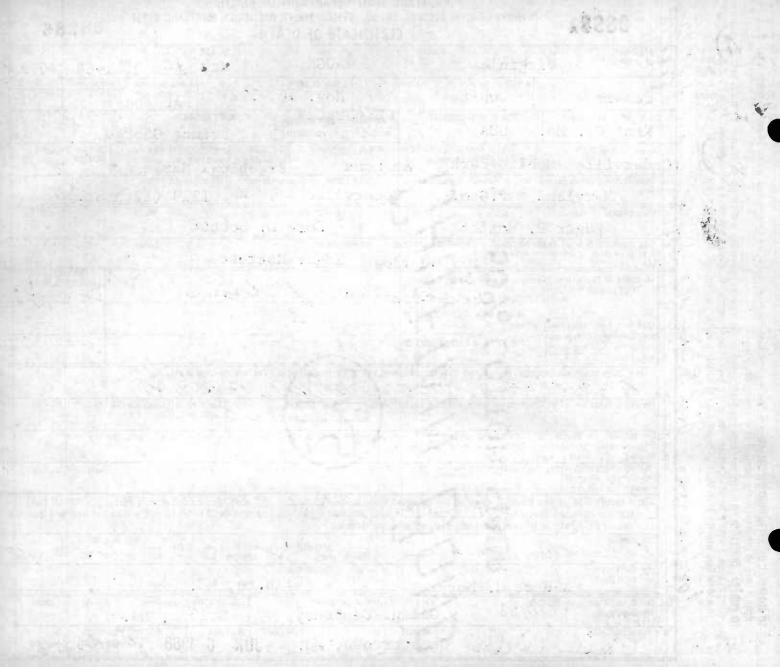
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08984 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type ar print) Year Pauline Walthall Rose June S. DATE OF BIRTH 3. SFX 4. RACE IF UNCER 1 YEAR 6. AGE (In years last birthday) HOURS Caucasian Jan. 4, 1900 Female 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED X NEVER MARRIED country) ormany USA Prince George's WIDOWED [DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Prince Geo.Gen'l Hospital during mast a werking life leven if retired.) Bakery Cheverly event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER mary land Prince George's NO T 5807 Landover Rd. Cheverly burial, crematian, ar remaval, and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Last Winkler Weasease Frederick Sophie physician (17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, na, erwaknawn) 16 5225 William O Walthall Same as above APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause peraline for, (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta ermina Pho Ummi U 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES XX NO M 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this besite) attended the deceased fram _______, 19.68_, to______, 19.68_, that (I) tere) last saw the deceased alive an ________, 19.68_, and that in (my) (sex) apinian death accurred an the date and haur and fram the causes stated above, (I) (sex) (did) thickes), view the bady after death. retained directar, page 3 shauld shauld be filed with the 22b. SIGNATURE XXX DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Frederick H. Wilhelm, M. D. 6319 Landover Road, Cheverly, Maryland 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) 23a. BURIAL, CREMATION REMOVAL Specify) Ft. Lincoln Cemetery Colmar Manor, Maryland 1968 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATE JUN 10 1968 (Charles Judge Nalley Funeral Home Mt. Rainier, Md. 30M REV. 1/68

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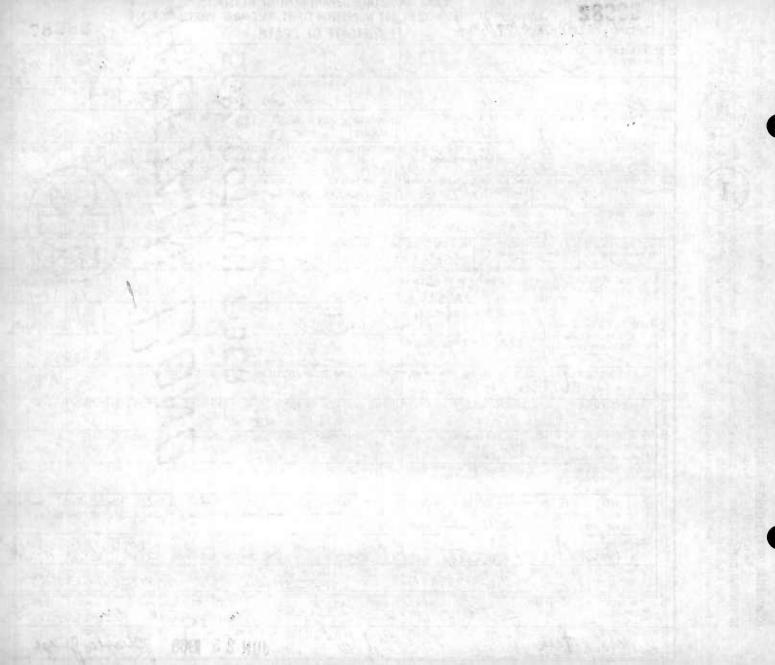
2 13	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3985
HEALTH DEPT.		DECEASED-NAME First Middle Last 2a. DATE KNOWN 🖘 Manth [Day Year 2b. HOUR
4.	((Type or Print) O• Ward OF ESTI- DEATH MATED 6-10-	-68 191:00pmM
delay is 13. Poge	3. SI	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
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Page Nith with	10. 0	give street address) during most of warking life, even if retired.)	NDUSTRY Automotive
er d Sive ng v h th	130	Riverdale Leland Memorial Hospital Methanic Bush Residence (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	Automotive
AMNER: This certificate should be executed within 24 hours after death the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 should be farwarded to the Chief Medical Examiner's Office along with form ur files. John Shauld be used as a burial-tronsit permit. File pages 1 and 2 with the State Desmatian, ar removal, and in any event within 72 hours after death.	0	odmission) STATE LISE COUNTY: Ck Monrovia YES NO Box 54	
aurs am liffice iffice and 2		FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
14 h		Arthur W. Ward Alice Marie	Tenney
hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO.	
with pen xam ile p		Yes (Mara, or unknown) (Mysseys war or deligs of service) 232 60 1576 Mrs. Patricia Ward, Monrovia, Mar	
ed in all Es		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: A C D A T I I I A C C B A I A	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
ecut ling' edic		IMMEDIATE CAUSE (a) LACER A TON 05 DETINITION	7 day
e ex penc of M sit p		DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove (b) TRAVMA - ARAIN-CHR COLLI	SIRIL
d b Chie		inse to immediate cause (a),	1102
INER: This certificate shauld be executed within e certificate, writing the ward "pending" in pencil shauld be farwarded to the Chief Medical Examine files. 3 shauld be used as a burial-tronsit permit. File pagaration, ar removal, and in any event within 72 hours		stating the underlying coose	
the state to to but in the individual		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
is certificate to, writing the farwarded to be used as a bremoval, and	Z	8.100	
verifi verifi rwa rwa rwa novo	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his ate, e for ren	RTIFIG		YES NO E
: Th tifica Id be uld b	AL CE	21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ 8:4000mm 6-3- 1968 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. 8:4000mm 6-3- 1968 Driver of truck which was struck	
INER: e cert shauld files. 3 shau	MEDICAL	PRIMARY CONCERNED IN STREET 8:40 COMM 6-3- 1968 Driver of truck which was struck 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. Gity or Town	County State
bical Examiners: se execute the certicator. Setor. Page 4 shauld ned far your files. tECTOR: Page 3 shaul a burial, cremation,	-	WHILE NOT WHILE Railroad Crossing, Annandale Rd. & Rt.1, Beltsville, Md.	
DEPUTY DICAL EXAM gressary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to burial, crem		22a. I certify that I taak charge af the remains described abave, held an Autapsy , Inspectian , Inquiry , Inquiry	
CAL or. I buric		death resulted fram: A Natural Causes 7, Acadent X, Suicide 7, Hamicide 7 Undetermined manner	
directo fained fained fried birecto		CHIEF MEDICAL EXAMINER	
JTY DICA rry, please e- eral director be retained RAL DIRECTO		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	
PUT Sary Juner V be V be V be h p		EXAMINER'S	-11-68
necessary, please extended firector. S may be retained for functional director. S may be retained for functional firector. Health priar to bur	-	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	(6
01 5 5 5 E	230	REMOVAL (Specify)	(Caunty) (State)
0	24.	EINFEAD DIPETTOR ADDRESS 1250. REGISTRAR 25b. REGISTRARS SI	IGNATURE
VR A15ME (5)		M. R. Etchison & Son, Frederick, Maryland DATE JUN 13 1968	was find





- 1		MAKTLAND STATE DEPARTMENT OF HEALTH	
		_ US SOLVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
-1		Item#6, FilmGhOF. \$/21/68km CERTIFICATE OF DEATH	08987
	1 DE	ECEASED-NAME - First Middle Lost 20. DATE OF DEATH	2b. HOUR -
		Type or print) Month 7 200y	Neor 1123
	0 00	Jennie Weiss Williams	OER 1 YEAR IF UNDER 24 HRS.
	3. SE	doct highland . Mour	
	-	Jemove 10 12/01/61 184 III.	
	70. B	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	coun	Hungary U.S. WIDOWED DIVORCED TRINCE GEOR	eac Md.
	10. Ç		b. KIND OF BUSINESS OR
0	/	anham M give street address) Magnolia during gnost of working life, even if retired.) IN	DUSTRY
	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
6	admi	ission) STATE MD 136. COUNTY P. 6. BLADELBEURS YES INO 5800 ANNAPO	4500
1	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
		UNKNOWN UNKNOW	N
	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	-255
	Y	Yes, not only nown) (If yes give war or dates of service) ON CNOWN 5. L. ROSENDELS WILLES STATES	ex5, P19.
			APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b)) and (c).) PART I, DEATH WAS CAUSED BY:	BETWEEN ONSERVANO DEATH
		IMMEDIATE CAUSE (a)	10 days
		5 70 DUE TO, OR AS A CONSEQUENCE OF	7.
		Conditions, if ony, which gove rise to immediate cause (a). (b) Oyllonephrules	I well ,
		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
		lost. (t)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
	Z	6000 Develes Mellilus	
	ATIO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSID	ERED IN CERTIFYING
2	CERTIFICATION	YES NO NO CAUSES OF DEATH?	
		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	18.)
	A	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either natify medical examiner) P.M. 19	
	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Co	unty Stote
		While Not while (OFFICE BUILDING, ETC.)	
		of work of work	_, that (I) (we) last
		22a. I certify that (I) (this hospital) gittended the deceased from May, 1967, ta 23 from, 1968 as with deceased alive an 23 from 1968, and that in my) (our) apinian death accurred an the date a	
		causes stated abave, (I) (we) (did not) view the bady after death.	
		22b SIGNATURE 22c DATE	SIGNED
		DEGREE PHYS. DIRECTOR D STAFF DIRECTOR D PHYS. DIRECTOR D PHYS. DIRECTOR D PHYS.	here 1968
	- 1	22d. PHYSICIAN'S . / 2	111
1		NAME (Type) WM. A. WIMSATT, MD 3415 HAMILTON ST. HYPTTISVI.	LE, MD,
	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Co	ounty) (State)
	1		cene ya
	24.	FINANCIAL DIDECTOR ADDRESS	ATURE
3		Goldlerg Frencial Name: 4217-94 St. T.W. DATE JUN 25 1908 gelian	es Judge
		The state of the s	

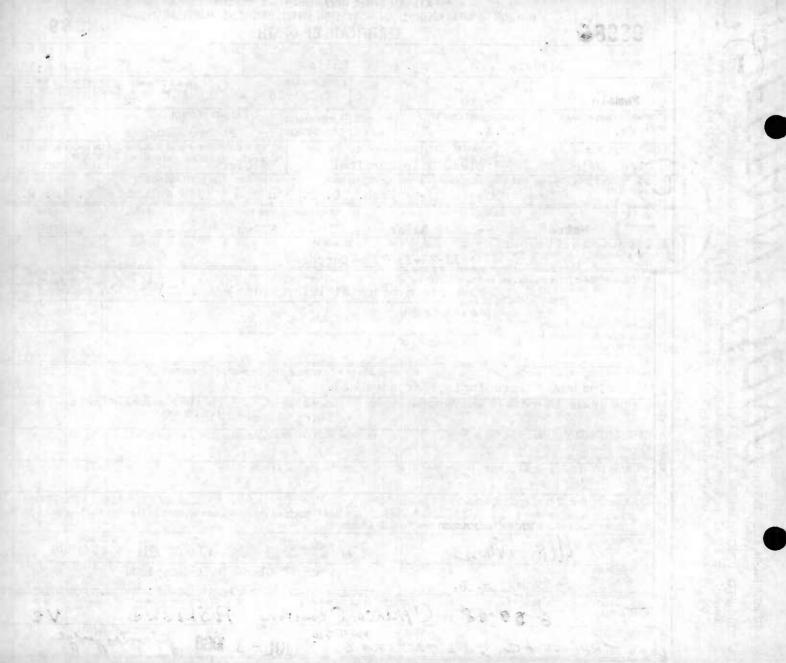
MAKTLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08988 CERTIFICATE OF DEATH 2b. HOUR Middle Inst 20. DATE OF DEATH DECEASED-NAME 24 hours after death ond Month funerol 1 ond (Type or print) 6:05 FW IF UNOFR 1 YEAR IF UNDER 24 HRS. after 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) 3. SEX NONTHS HOURS YRS hours 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign = country USA TEORG WIDOWED X DIVORCED [RINC 2 12o. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within during most of working life, eyen if retired.) With INDUSTRY give street oddress ond completely fi remove carban j 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d INSTDE CITY LIMITS? 13e. STREET AND NUMBER and in any event, 13b. COUNTY Island YES | odmission) STATE NO V CHARLES Cobb Middle IS. MOTHER'S MAIDEN NAME First Lost Middle Lost 14. FATHER'S NAME First puo LITLER White Deose physician 16b. SOCIAL SECURITY NO. Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? **INFORMANT** war or dates of service) 1 3 mos. 578-05-9621 removal, James B. Simms, Cobb Island, Md attending phys APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line to (o), (b), ond (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. 5 IMMEDIATE CAUSE (o cremation, DUE TO, OR AS A CONSEQUENCE OF the Conditions, if ony, which gove: burial-transit rise to immediate couse (a), DUE TO OR AS A CONSEQUENCE OF or attending physicion. stoting the underlying couse buriol lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Health prior to this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? NO-YES | for use 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Doy Year by the hospital be detached for Stote Dept. of H (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote City or Town 21d INJURY OCCURRED 21e. PLACE OF INJURY County While Not while ot work ot work TO FUNERAL DIRECTOR: After 220. I certify that (I) (this haspital) attended the deceased from. 1 (INE 7 1968, and that in (my) four) opinion death accurred on the dote and hour and from the saw the deceased alive on____ director, page 3 should should be filed with the couses stated above, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED STAFF ATTENDING DIRECTOR PHYS. PHYS 22e. ADDRESS 22d. PHYSICIAN'S Poge 4 moy NAME (Type) 23d. LOCATION (City or Town) (Stote) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE 23o. BURIAL, CREMATION REMOVAL (Specify) Suitland Prince George . Md Cedar Hill Cemetery iria 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Ochowles 30M REV. DATE

Darks to the party of the barriers the state of the s A CONTRACT TO THE STATE OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last Middle 2g. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First death. June Month (Type ar print) Leadora White M . :15AM 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR Jast birthdoy) DAYS 1/1/1928 Female. Negro 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 8. MARRIED [NEVER MARRIED] country) Va. U.S.A. attending physician and completely filled in Prince Georges WIDOWED T DIVORCED [and in any event, within 72 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH The law requires that the death certificate be executed within give street oddress) ale Hospital during most of working life, even if retired.) INDUSTRY unknown Glenn Dale 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Wash., D. C. YES NO 1358 Columbia Rd., N. W. 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Last Walter Baber Ellen Gordon 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, or unknawn) (If yes give wor or dates of service) ar remayal, 232-23-2303 Decedent APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Possible myocardial infarction (clinical) sudden signed by the attendii burial-transit permit. burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ? rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF by the hospital or attending physician. stoting the underlying couse lost. 4201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Pulmonary tuberculosis, far advanced. Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO X YES 🗀 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Ng. 21d. INJURY OCCURRED City or Tawn County Stote While Not while at work 6/24/___19_68__ta_ 22a. I certify that (*) (this haspital) attended the deceased fram___ 6/2/ 1968 saw the deceased alive an 6/27/ 188, and that in (any) (aur) apinian death accurred an the date and haur and from the causes stated abave, (*) (did) (*** 22c. DATE SIGNED 22b. SIGNATURE ATTENDING 6/27/1968 DEGREE DIRECTOR 22e. ADDRESS Glenn Dale Hospital 22d. PHYSICIAN'S Moe Weiss, M. D. directar, shauld be Glenn Dale, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (Stote) 23a. <u>BURIAL</u>, CREMATION, REMOVAL (Specify) V& ADDRESS 2So. REC'D BY REGISTRAR WHISH, DI. 24. FUNERAL DIRECTOR UDHA T. RHINES & CO. 301572 5TN. 6 30M REV. 1/68



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08985 08990 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Month Day Bertha Wicks NMI 9:454 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years lost birthday) MONTHS DAYS HOURS 4/17/93 White Female in by Page TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (country) Hungary USA WIDOWED [DIVORCED [Prince Georges filled 10. CITY OR TOWN OF DEATH event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR giv 864 4 des nnizwick Ave. TK during mast of warking life, even if retired.) INDUSTRY pan Takoma Park Md. housewife 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission Maryland 13b. (OFFrince Georges 7804 Kenniawick Ave. TkPK Tk P YES NO and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last Shaffer Paula Samuel physician on please legse 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. Address Yes, na, or unknown) UKNAR Lusb. Adolph 7804 Kenniswick Ave. Tk Pk.Md. has been signed by the attending physi se as the burial-transit permit. Then pl th priar ta burial, cremation, ar remaval, the attending p APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY INFARCT OCARDIA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached tar use as the shauld be filed with the State Dept. of Health priar ta CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at wark 22a. I certify that (I) (this haspital) attempted the deceased from saw the deseased alive an_ .19 6, and that in (my) (our) opinion death accurred an the date and hour and from the shauld causes stored abave, (1) (we) (did view the bady after death. 22b. SIGNATUR 22c. DATE SIGN **ATTENDING** MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LØCATION (City or Town) BURIAL CREMATION 23b DAJE (State) 2Sb. REGISTRAR'S SIGNATURE SOLDOCPE FULLERLIYOME 421797457

The same and the second of the same and the WYOCKEDIAL INFERENT COKONARY ARKERY GIREASE 1548 DAID CON DON COOKER 9801 CREEKER

	ECEASED-NAME Firs			ost	2a. DATE OF I	EATH		2b. HOURP
	T. P.	Frederick E.	Wilkin		June	11,	1300	3:35 A
3. SE	Male	Caucastan		0/20/16		6. AGE (In years last birthday) 51 YRS.	MONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED XXNEV		9. COUNTY OF I			
cour	mod med	USA	WIDOWED	DIVORCED	Prince	Cooresta		Me
	city or town of DEATH heverly	11. NAME OF HOSPITA give street address) Prince Ge	OR INSTITUTION (If not in hoose). Gen 1 Hospi	ital 12a. USU	AL OCCUPATION (Kind of work dane fe, even if retired)	12b. KIND OF B INDUSTRY	USINESS OR
13a. adm	USUAL RESIDENCE (Where decedission) STATE istrice of Col	ased lived, if institution: Residence	perfore 13c. CITY OR TOWN	13d. INSIDE CITY L		ET AND NUMBER		
-	ATHER'S NAME First	Middle 111	Washington	HER'S MAJDEN NAME F		K Street		Last
16	Eugene	40, 401. Oh 1	rson	Very	rell	dere	nasto	w
160.	. WAS DECEASED EVER IN U.S. AR	RMED FORCES? • war ar dates of service)	IL.	ant mi	nov-	Sister -	3457-7h	usoan
	18. CAUSE OF DEATH (Enter of	anly ane cause per line far (a), (b),	and (g).)	1	1		APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
	PART 1. DEATH WAS CAUS	SED BY: DIATE CAUSE (a)	ebral A	lyson	nag	٤	7	-dig
	Conditions, if ony, which gave	DUE TO, OR AS A CONSEQUE	ICE OF	101/10	. 0.	> -	5	no-
	rise to immediate couse (a),	(b) 1 4 per pe	MSIVE Ceres	nax vous	chlar	nam	re	Jens)
3	stoting the underlying cause last.	(c)	serten	non	/		1005	ene,
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEASE OR	ONDITION GIVEN	IN PART 1(o)	-	
No	33/X			In Abra.				
CERTIFICATION	19a. DATE OF OPERATION 19h	b. CONDITION FOR WHICH OPERATION	WAS PERFORMED 20	a. AUTOPSY? YES NO R	CALISES	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CER	RTIFYING
MEDICAL CE	210. ACCIDENT WAS UNDERLY DR CONTRIBUTING CAUSE OF DE (If either, notify medical exam	EATH HOUR A.M. Month Day		URY OCCURRED (Ente	r nature of injury	in Port 1 or Part 2,	, Item 18.)	
ME	at wark at wark	e. PLACE OF INJURY (AT HOME, FARM, S DEFICE BUILDING,				r Tawn	County	State
	22a. I certify that xtx (t saw the deceased couses stated above	this hospitol) ottended the d alive on <u>June 11,</u> ve, *() (we) (did) *(did)*(ot) vie	eceosed from Jur 19 68 , ond that w the bady ofter death.	ne 10 , 19.6 t in (næ) (aur) api	8 , to Ju inion deoth o	ne 11, , 19 corred on the d	9 <u>68</u> , that lote and hour o	(x) (we) los and from the
		11 11 11	110.	/	AED.	22c.	. DATE, SIGNED	_
	22b. SIGNAFURE	MANA	MY DEGREE	PHYS.	IRECTOR L	PHYS.	- / / / /	
	22b. SIGNATURE 22d. PHYSICIAN'S	onard Appel M.	DEGREE F	PHYS. CZe. ADDRESS Prince Ge	DIRECTOR L	eneral Ho	ospital,	Chever
230.	22d. SIGNAPORE 22d. PHYSICIANS NAME (Type) Lec		DEGREE F	PHYS. 120 C 22e. ADDRESS Prince Geo	orge's (Chever

. L. . Logon byancost

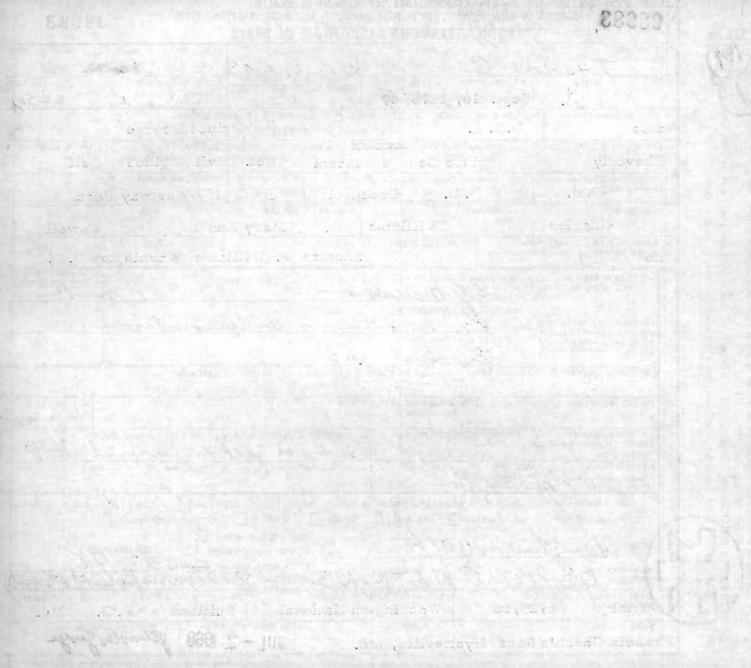
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH-DEPT. I. DECEASED-NAME First Middle 20. DATE KNOWN 2b. HOUR (Type or Print) Gordon ESTI-N.M.N. Williams DEATH MATED 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4. RACE IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 5. DATE OF BIRTH 2d. HOUR 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED WINEVER MARRIED 9. COUNTY OF DEATH Office alang with farm WIDOWED [DIVORCED [NNSY /Vania 11. NAME OF HOSPITAL OR INSTITUTION (If not in Agospital 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, 13e. STREET AND NUMBER il institution: Residence before 134 13b. COUNTY after 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME Lost EManue MCCA 11 aMS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (Yespino, or unknown) 108-07-5254 .⊆ APPROXIMATE INTERVAL within CAUSE OF DEATH (Enter only one couse per line, for (b), (b), and (c).) executed BETWEEN ONSET AND DEATH the certificate, writing the ward "pending" 4 shauld be farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (o), certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ OTHER, SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO Z 5 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inquiry -Inspection Z and in my apinian director. death resulted fram: Natural causes Accident Hamicide Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the tuneral DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) S ADDRESS(Street, city, town, or county) 50 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 6/29/68 Buffall (Specify) Sacred Heart Palmerton Pa. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR Francis Gasch's Sons Hyattsville, Maryland VR A15ME (5)

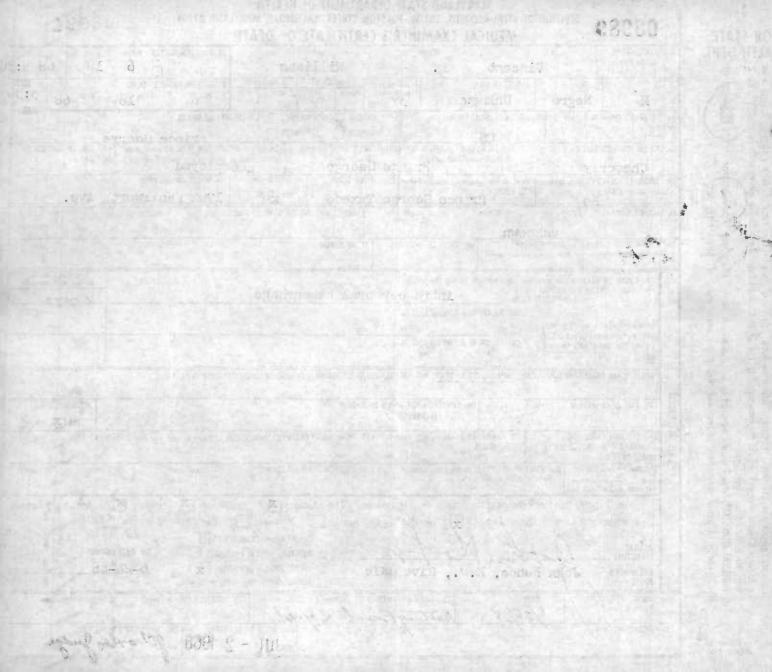
MARTLAND STATE DEPARTMENT OF HEALTH

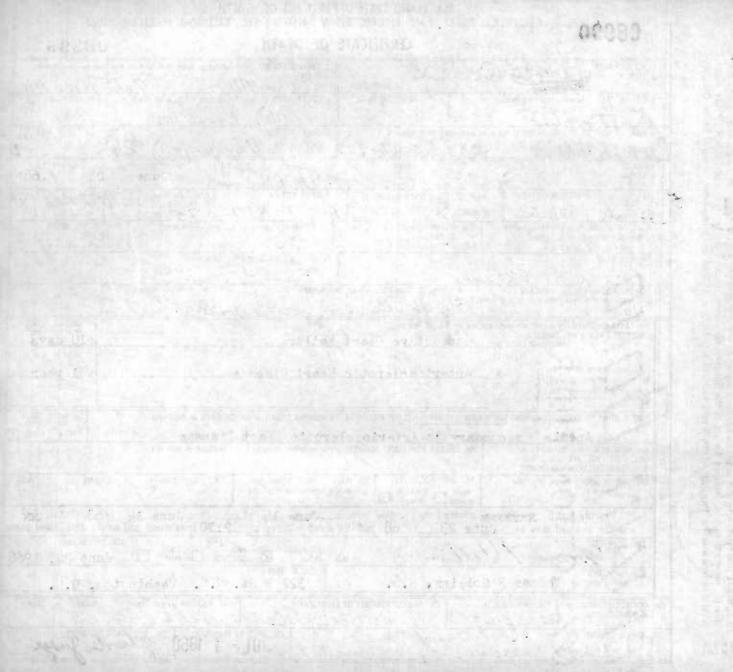
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FOR STATE	08983 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEAT	1 DECEMEND MANUE
S O de	(Type or Print) THOMAS C WILLIAMS DEATH MATED 6 27 19 68
5 7 2 7	3. SEX 4. RACE , S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HC
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ecuted ling" in edical E ermit. F	18. CAUSE OF DEATH (Enter only one couse per lies for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN OBSET AND DEATH
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o DEPUTY Colc. necessary, please e the funeral director 5 may be retained 0 FUNERAL DIRECT	EXAMINER'S NAME (Type) DAYTON O NATKINS ADDRESS (Street, Boxn, & Commapolic of Bloch,
5 g = ~ 5 =	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote 25c) Suitland P. G. Md.
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VR A15ME 45	Francis Gasch's Sons Hyattsville, Md. ADDRESS 250. REC'D BY REGISTRAR 2550 REC'S RAY'S SIGNATURE DAUL - 2 1968 PLANCES ADDRESS ADDRESS 250. REC'D BY REGISTRAR 2550 REC'S RAY'S SIGNATURE DAUL - 2 1968
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08994 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month 2b. HOUR Doy Yeor (Type or Print) OF ESTI-Williams Page Vincent 6 18 68 5:30 delay is and 3 to 19 of DEATH MATED 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD puo last burthday) Day 18 Year Negro Unknown 1968 M MARRIED NEVER MARRIED 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH ong with farm (ountry) WIDOWED DIVORCED Give Pages Prince George Stal 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 2b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street oddress) Prince George Cheverly 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER degra 13b. COUNTY YES ⋤ NO Item 18. Frince George Tuxedo 1702 Kenilworth Ave. 24 haurs Office 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME Middle Lost unknown .= shauld be farwarded to the Chief Medical Examiner's hours pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. This certificate shauld be executed within 17. INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) File 72 APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY "pending" intra cerebral hemorrhage IMMEDIATE CAUSE (o)_ any event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = ond PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 OS remaval CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, YES TO NO [pe 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) shauld HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK burial, 22a. I certify that I taak charge of the remains described above, held an Autapsy [34], Inspection 3 Inquiry X and in my opinian the funeral directar. death resulted fram: Natural Causes 2 Suicide Homicide Undetermined manner prior ta CHIEF MEDICAL EXAMINER ACTUAL FUNERAL I 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE may be DEPUTY MEDICAL EXAMINER John Kehoe, 6-24-68 M.D., Riverdale **EXAMINER'S** 5 may TO FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNAT VR A15ME (5) 10M REV. 1/68





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ertificate be exe physician ond on hen please remo novol, ond in any	(es, no, or unknawn) (If yes give war	or dales of service) 278 - 30	6 - 2815	Jeanne Yand	lala, 8502 Crest	view. Fairfax
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equires that the death ce physicion. signed by the attending buriol-tronsit permit. The buriol, cremotion, or rem		stating the underlying cause last. 4330	(c)	OI V			
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The law re attending has been se as the th prior to	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WA	S PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
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rifical for free free free free free free free	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR AM. Month Day Y		TO THE PERSON OF THE PERSON IN	atoro or injury in rost 1 or rost 2, it	· · · · · · · · · · · · · · · · · · ·
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after be retained by the hospital or attending physicion. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 3 should be detached for use as the buriof-transit permit. Then please remove carbon papers: Pages 1 ed with the State Dept. of Health prior to buriof, cremation, or removal, and in any event, within 72 hours affect.	MED	21d. INJURY OCCURRED 21e. P	PLACE OF INJURY (AT HOME, FARM, STREE	T, FACTORY.) 21f. LO	CATION Street or R.F.D. No.	City or Town	County State
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DR: /	8	causes stated above,	(Y) (we) (did) (did not) view t	the body after o	leoth.	an deam accorred an me dar	e dila iladi dila italii ille
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TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt		MAME /Tuno)	ALMA CAPT USA	F MC			MD.
HOSI Be 4 UNE ecto	230	BURIAL, CREMATION, 23b. DA		OF CEMETERY OR		23d. LOCATION (City or Tawn)	(County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03992 08997 CERTIFICATE OF DEATH 1. DECFASED-NAME Middle Lost 2a. DATE OF DEATH 2b. HOURA (Type or print) 1968ar Ida Young June Mae 0.40 M 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs afte<u>r.</u> MONTHS Female Oct. 30, 1927 Caucasian remave carban papers. Par 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED PA NEVER MARRIED country) Virginia U.S.A. Prince George's DIVORCED | WIDOWED [filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Own Home Princeddigeo.Gen'l Hospital during most of warking life, even if retired.) Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STRFFT AND NUMBER odminsion y land Prince George's Hyattsville YESK NO 7510 Forest Rd. burial-transit permit. Then please remar burial, cremation, or remaval, and in any 14. FATHER'S NAME Middle First Last 1S. MOTHER'S MAIDEN NAME First Jack Taylor Harriet Wyantt E. physician on please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes. na. ar unknawn) 579 34 6807 John A. Young Same as #13 (husband) 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of the left main stem bronchus with BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF metastasis to opposite lung, regional Conditions, if any, which gave) (b) nodes, pericardium and diaphragm. rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse (c) Bronchopneumonia - bilateral. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detached far use as the e Dept. af Health priar ta Cancer of the cervix, radiated. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 190 DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES XX Yes. 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. City or Town County State While Nat while at wark ceased fram 1965, 19, ta June 12, 19,68, that (1) (xxx) last ______19,68, and that in (my) (xxx) apinian death accurred an fhe date and haur and fram the saw the deceased alive an June 12 19-68, and that causes stated abave, (I) (well (did) (dichard) view the bady after death. directar, page 3 shauld shauld be filed with the 22c. DATE SIGNED 22b. SIGNATURE DEGREE June 13, 1968 DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 3824 34th St. Mt. Rainier, Maryland 20822 Benjamin Miller, M. D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY ORCEREMATORYC 23b. DATE (County) (State) 23o. BURIAL CREMATION. Va. Buthqual Specify) Elkton 6/15/58 Elk Run ADDRESS 24. FUNERAL DIRECTOR

VR A15 (4) 30M REV. 1/68

Francis Gasch's Sons Hyattsville, Md.

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